

EXAMINING THE RELATIONSHIP BETWEEN RACIAL IDENTITY STATUS  
AND RACE-RELATED STRESS IN AFRICAN AMERICANS

A Dissertation

by

MORGAN LYNNETTE HURST

Submitted to the Office of Graduate Studies of  
Texas A&M University  
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

December 2010

Major Subject: Counseling Psychology

EXAMINING THE RELATIONSHIP BETWEEN RACIAL IDENTITY STATUS  
AND RACE-RELATED STRESS IN AFRICAN AMERICANS

A Dissertation

by

MORGAN LYNNETTE HURST

Submitted to the Office of Graduate Studies of  
Texas A&M University  
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Approved by:

Chair of Committee,  
Committee Members,

Head of Department,

Linda Castillo  
Timothy Elliott  
Jamilia Blake  
Fred Bonner  
Victor Willson

December 2010

Major Subject: Counseling Psychology

## ABSTRACT

Examining the Relationship Between Racial Identity Status and Race-Related Stress in  
African Americans. (December 2010)

Morgan Lynnette Hurst, B.A., University of Michigan

M.A., Northwestern University

Chair of Advisory Committee: Dr. Linda Castillo

Race-related stress has been found to impact the mental health of African Americans in literature. Three manuscripts were developed for this dissertation. The first is a critical literature review identifying the multiple pathways by which racism can affect mental health, and the current research addressing this problem is presented. Second, a quantitative study looking at what type of coping mechanisms African Americans use when dealing with race-related stress and how racial identity statuses impact these coping mechanisms?; The third manuscript addresses the research question, among the identified coping mechanisms, is there a relationship with psychological distress?

The first manuscript is a critical literature review which discusses racism, race-related stress, and coping resources. The aim of the paper is to identify the multiple pathways by which racism can affect mental health and the current research addressing this problem. Initially, views of racism and race-related stress will be identified; theories for use of stress will be examined, and how racial identity status influences the

perception of racism. In addition, individual strategies for coping with racism will be discussed, as well as major approaches to coping that have received sufficient research with regard to their effectiveness for mental and physical outcomes.

The purpose of the first quantitative study was to examine the relationships among race-related stress, racial identity status, and coping resources in African Americans in a sample of 294 African American adults. Results indicated that avoidance coping and seeking social support predicted higher levels of race-related stress. Problem solving coping did not predict race-related stress. In addition, racial identity status (pre-encounter and immersion-emersion) predicted avoidance coping where racial identity status (internalization) predicted more problem solving coping behavior. The findings emphasize the need to recognize how racial identity status influence styles of coping in African Americans. Implications for mental health providers are discussed.

The purpose of the second study was to examine the relationships between race-related stress, coping resources, and mental health in African Americans in a sample of 294 African American adults. Results indicated they were a predictor of psychological distress and well-being in African Americans. Specifically, the avoidance coping mechanism led to participants in the study experiencing more psychological distress when using this coping resource. Structural equation modeling was used to analyze the results, which confirmed our hypothesis that mal-adaptive coping strategies predicted psychological distress. The findings emphasize the need to recognize how coping styles influence mental health in African Americans. Implications for mental health providers are discussed.

## ACKNOWLEDGEMENTS

I would like to thank my committee chair, Dr. Linda Castillo and my committee members Dr. Timothy Elliott, Dr. Jamilia Blake, and Dr. Fred Bonner for their insights and support throughout my dissertation work and doctoral program.

I would also like to extend my gratitude to the numerous people who took the time to take the survey and help collect data.

Thank you to my wonderful and valued support system – my family. Thank you to my mother, father and brothers for their unwavering confidence in me and encouragement throughout the dissertation process.

## TABLE OF CONTENTS

	Page
ABSTRACT .....	iii
ACKNOWLEDGEMENTS .....	v
TABLE OF CONTENTS .....	vi
LIST OF FIGURES .....	viii
LIST OF TABLES .....	ix
1. INTRODUCTION.....	1
2. COPING WITH RACE-RELATED STRESS: A CRITICAL LITERATURE REVIEW .....	5
2.1 Racism .....	7
2.2 Race-Related Stress .....	10
2.3 Theory of Stress .....	13
2.4 Black Racial Identity .....	17
2.5 Coping .....	21
2.6 Implications for Clinicians .....	27
3. EXAMINING THE RELATIONSHIP BETWEEN RACIAL IDENTITY STATUS AND RACE-RELATED STRESS IN AFRICAN AMERICANS .....	31
3.1 Racial Identity Status .....	32
3.2 Coping .....	37
3.3 Purpose of the Study .....	41
3.4 Method .....	42
3.5 Results .....	46
3.6 Discussion .....	53
4. THE RELATIONSHIP BETWEEN COPING STYLES, RACE-RELATED STRESS, AND MENTAL HEALTH IN AFRICAN AMERICANS .....	64
4.1 Racism and Race-Related Stress .....	65
4.2 Coping .....	69
4.3 Purpose of the Study .....	72
4.4 Method .....	72
4.5 Results .....	77

	Page
4.6 Discussion .....	83
5. SUMMARY AND CONCLUSIONS.....	90
5.1 Summary .....	90
5.2 Conclusions .....	92
REFERENCES.....	95
VITA .....	103

LIST OF FIGURES

FIGURE		Page
1	SEM Model 1: Race-Related Stress. ....	48
2	SEM Model 2: Coping and Mental Health.....	78



## LIST OF TABLES

TABLE		Page
1	Correlations for Study Variables .....	50
2	Distribution by Age .....	61
3	Distribution by Community .....	62
4	Distribution by Racial Identity Status .....	63
5	Correlations for Study 2 Variables .....	79

## 1. INTRODUCTION

African Americans frequently experience racial discrimination that impacts the quality of life in a negative manner (Brown, Williams, Jackson, Neighbors, Torres, Sellers, & Brown, 2000). For many African Americans, encountering racial discrimination is usually a daily experience. These experiences can cause feelings of anger, paranoia, anxiety, helplessness, frustration and fear (Clark, Anderson, Clark, & Williams, 1999). Because of this, experiences of racism can be stressful which will ultimately have a negative impact on physical and mental health. Many researchers have linked racial discrimination to the onset of several stress related diseases including: high blood pressure, hypertension, stroke, and cardiovascular disease (Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Racial discrimination has also been inversely related to life satisfaction and self esteem (Broman, 1997). Consequently, the stress of racial discrimination is an important factor for determining psychological health and well-being (Jackson & Sears, 2001). Stress and coping models have suggested that environmental and daily stressors including race-related stress, in the absence of adequate coping mechanisms, can cause psychological and physiological distress (Utsey, Giesbrecht, Hook, & Stanard, 2008). Thus, it seems essential to determine adequate coping mechanisms that allow African Americans to handle race related stress in a psychologically healthy manner.

Race-related stress has been defined as race-related transactions between individuals or groups and their environment that emerge from the dynamics of racism or discrimination, and that are to tax or exceed existing individuals and collective resources or threaten well being (Harrell, 2000). Racial discrimination can be experienced in multiple ways, it is suggested that the experience of racism is multidimensional and can be classified using a tripartite typology (Jones, 1997).

Due to the many forms of race-related stress, adequate coping mechanisms need to be developed in order to diminish the effects of stress and psychological health. Coping mechanisms are cognitive and behavioral efforts used to manage demands appraised by the individual as stressful (Lazarus & Folkman, 1984). A study conducted by Plummer and Slane (1996) examined the coping behaviors of African Americans in racially stressful situations. They found that African Americans engaged in more problem solving coping mechanisms; however, in racially stressful situations three themes emerged involving coping behavior: African Americans engaged in less active coping, racial stressful situations generally demanded confrontative coping strategies, and racial stressful situations tended to limit the type of coping mechanisms available. They also found that African Americans used significantly more emotion-focused and problem-focused coping strategies. This implies that African Americans tend to use multiple coping strategies in order to handle race-related stressors they are exposed to.

To understand race-related stressors an individual faces and how they perceive these stressors, racial identity status may help to determine how racism influences their

perceptions of these specific types of stressful events. Researchers have suggested that belonging to a particular racial group may effect how an individual defines a stressful event (Hall & Carter, 2006). Racial identity status theory explains individual differences among perceptions of discrimination and racism. Racial identity is defined as, “a dynamic maturation process in which African Americans move from internalization of negative racial messages to adoption of a positive racial group orientation” (Helms, 1990). The Black racial identity model consists of four statuses: pre-encounter, where one denies the importance of their racial group; encounter, an experience makes an individual’s race more salient leading to transition and confusion; immersion-emersion, an active process of learning about one’s race and culture; internalization, one integrates race and meaning with personal identity (Franklin-Jackson & Carter, 2007).

In the two studies being proposed, the principal investigator seeks to address two research questions: 1) What type of coping mechanisms do African Americans use when dealing with race-related stress and how do racial identity statuses impact these coping mechanisms?, and 2) Among the identified coping mechanisms is there a relationship with self esteem and psychological distress?

The purpose of this study is to examine the relationships between race-related stress, racial-identity status and psychological health. The dissertation will be conducted in three phases. The first phase will be a critical literature review examining the current body of literature that focuses on race related-stress, coping mechanisms and African American mental health. Phase 2 will be an empirical study addressing the questions, “What type of coping mechanisms do African Americans use when dealing with race-

related stress and how do racial identity statuses impact these coping mechanisms?”, and phase 3 will address the question, “Among the identified coping mechanisms is there a relationship with psychological distress?”

## 2. COPING WITH RACE-RELATED STRESS: A CRITICAL LITERATURE REVIEW

A growing number of researchers have argued that racism is a pervasive factor adversely influencing the health of African Americans. Racism is a stressor that continues to affect racial/ethnic minorities and contributes to health disparities both mentally and physically (Clark, Anderson, Clark, Williams, 1999). Most members of ethnic minority groups report chronic exposure and recent research indicates that episodes of racial discrimination can occur on a weekly basis for some minority groups (Brondolo, Beatty, Cubbin, Pencille, Saegert, Wellington, et al., 2009a). These experiences can cause feelings of anger, paranoia, anxiety, helplessness, frustration and fear (Clark et al, 1999). Because of this, experiences of racism can be stressful, which will ultimately have a negative impact on physical and mental health. Many researchers have linked racial discrimination to the onset of several stress related diseases including: high blood pressure, hypertension, stroke, and cardiovascular disease (Utsey, Ponterotto, Reynolds, & Cancelli, 2000).

Race based stressors that are thought to have a negative impact on psychological and physical health may be accounted for by individual, institutional, and cultural encounters with racism. Consequently, the stress of racial discrimination is an important factor for determining psychological health and well-being (Jackson & Sears, 2001). Stress and coping models have suggested that environmental and daily stressors including race-related stress, in the absence of adequate coping mechanisms, can cause

psychological and physiological distress (Utsey, Giesbrecht, Hook, & Stanard, 2008). Thus, it seems essential to determine adequate coping mechanisms that allow African Americans to handle race related stress in a psychologically healthy manner.

Research has shown that people of color have less access to and are less likely to receive adequate health/mental health care. Some possible contributions to this are clinician's lack of awareness of cultural issues, bias, and the client's fear or mistrust of treatment. In addition, struggles with racism and discrimination affect mental health status and contribute to lower economic, social, and political status (Carter, 2007). In working with race-related stress, it seems important to identify different forms of racial discrimination and harassment and understand how these forms of racism affect minorities' mental health. Informing mental health clinicians of how racism affects minority's mental health is essential to effectively treat minorities. Hansen et al. (2006), researched how often psychologists used specific behaviors that showed recognition of racial-cultural issues for clients. The study showed that most professionals reported respecting racially different clients, however, these psychologists did not use cultural formulations, culture specific diagnoses, and did little to improve their racial-cultural skills.

The aim of this paper seeks to identify the multiple pathways by which racism can affect mental health and the current research addressing this problem. Initially, individual strategies for coping with racism will be examined, as well as, major approaches to coping that have received sufficient research in regards to their effectiveness for mental and physical outcomes. Potential coping resources that are

shown to be effective may lead to more information based approaches when clinicians are working with minorities who are dealing with race related stress.

## 2.1 Racism

Racism is defined as, “the beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation” (Clark et al., 1999). Racism can be overt, intentional or unintentional. Race-related stress has been defined as race-related transactions between individuals or groups and the environment that emerges from the dynamics of racism or discrimination, and that are to tax or exceed existing individuals and collective resources or threaten well being (Harrell, 2000). Racial discrimination can be experienced in multiple ways, it is suggested that the experience of racism is multidimensional and can be classified using a tripartite typology (Jones, 1997).

The first type of racism that individuals can experience is individual racism. Racism may be experienced through direct and vicarious experiences of racism and discrimination. With this type of racism, African Americans are more likely to experience racial discrimination on a personal level. Interactions may be verbal, nonverbal behavior, or observations of others’ actions. An example of this is when a person is followed around in a store due to their race. This may also include social exclusion in which individuals are excluded from social interactions, rejected, or ignored because of their ethnicity or race. Cultural and institutional racism can influence the act



of individual racism through the behavior of people in interpersonal situations (Jones, 1997).

The second type of racism is referred to as institutional racism. Institutional racism is experienced when social or institutional policies may exclude a race from full participation in the benefits offered to other members involved in society. The last type of racism is cultural racism. This occurs when the cultural practices of the dominant group are generally regarded by society as being superior to the culture of a minority group (Jones, 1997). Cultural Racism is something that can be observed by taking into account American history. Most contributions from African Americans in American history are ignored when learning history in the school system (Utsey et al, 2000). This may also be impressed when non-dominant ethnic groups may or may not be portrayed in the news and entertainment media and art and literature. Racism may also be manifested through political debate on race, race ideology and policies and strategies within institutions.

In this sociopolitical context, all levels of racism (interpersonal, institutional, and cultural) may impact choices and decisions at this level. The experience of racism may involve simultaneous exposure to all different contexts of racism. Research suggests that exposure to this may affect life experiences, external circumstances, internal characteristics, and behavior of individuals from different ethnicities (Harrell, 2000). Although racism exists on multiple levels, the bulk of research on race related stress focuses on interpersonal racism. Collectively, the interactive effects of individual, institutional and cultural racism suggest disparities between different cultural groups.

Research shows racial disparities in educational achievement, unemployment rates, incidence and prevalence of disease, and treatment in the criminal justice system (Harrell, 2000).

Analyzing these various types of racism is helpful to understand the complexity involved in race related stress. Research has suggested that the three primary forms of racism interact with each other in complex ways and are manifested into four contexts in which racism may occur: interpersonal, collective, cultural, and sociopolitical contexts (Harrell, 2000). When considering interpersonal context, racism is experienced through direct and vicarious experiences. Collective context may involve interactions and observations of people, their actions, nonverbal behavior and verbal behavior. Racism may also be manifested through a cultural context which may include racial disparities in educational achievement, unemployment rates, prevalence of disease, and treatment in the criminal system. Racism may also be expressed when considering entertainment media, art and literature, and scientific inquiry. Impressions of non-dominant groups may reflect attitudes of racism in these different contexts. Lastly, racism may also present itself in political debate and discussion about race, policies and practices within institutions, and legislative processes (Harrell, 2000). In all of these contexts, there may be combined and interactive effects of individual, cultural, and institutional racism. Since individuals in the Black community are constantly exposed to the different contexts in which racism may occur, they are very likely to experience race-related stress at some point in their life.

## 2.2 Race-Related Stress

Many researchers have studied the effects of stress on individuals and proposed models on how stress affects psychological health. However, most models do not take into account how cultural differences affect environmental stressors. There are many definitions of stress. The majority of researchers suggest that stress is an emotional, physical and behavioral response to an event that is appraised as positive or negative. This initial appraisal is then followed by an assessment of the individual to determine how to respond, or cope, and adapt to the event. If these certain actions do not work, the stress will intensify and one's ability to handle the stress depends on personal characteristics and predispositions. When stress is prolonged or not handled in a positive manner it can produce harmful effects to an individual's health (Carter, 2007).

To understand the dynamics of how race related stress affects mental health, multiple ways of experiencing racism must be identified. Research suggests there are six main types of race related stress: racism-related life events, vicarious racism experiences, daily racism microstressors, chronic contextual stress, collective experiences of racism, and transgenerational transmission of group traumas (Harrell, 2000). The primary forms of racism may be experienced in the different categories of race-related stress. These sources of stress can be identified similarly to the primary generic sources of stress in the current literature: episodic stress (direct and vicarious racism), daily hassles (racism microstressors), and chronic strain (chronic-contextual, collective, and transgenerational transmission). The different types of race-related stressors may occur within the different contexts in which racism is manifested.

Racism-related life events are stressors that include significant life experiences that may be time limited or may lead to other events or effects that may be long lasting. These events may be experienced in many settings such as a neighborhood, work, finances, education, law enforcement/legal, health care, and social situations (Feagin, 1991). This type of experience may not occur very often and not at all for some people. Certain personal and environmental characteristics usually influence the frequencies of these types of stressors (Harrell, 2000).

Situations that are considered vicarious racism are through observation or report. Particular situations can be quite distressing especially if they happen to family or friends. At times, events that are covered by media may also have an impact on individuals. An event may have more of a profound impact on an individual based on how they perceive the specific event. Vicarious experiences may create trauma like symptoms in an individual such as anxiety, hypervigilance, anger, and sadness (Carter, 2007).

Daily racism microstressors are described as, “microaggressions that include subtle, innocuous, preconscious or unconscious degradations and putdowns (Pierce, 1995). Over time, researchers have noticed that acts of racism have become more subtle rather than overt. Racial microaggressions are similar to unconscious racism but are broader, and focus on everyday manifestations (Sue, Capodilupo, Torion, Bucceri, Holder, et al., 2007). These microaggressions may be considered unintentional offenses, however, create a tension suggesting that racism may occur. Some examples of microaggressions are called microinsults and microinvalidations. Both suggest a hidden

demeaning message to the person of color. Microinsults are behavioral and verbal expressions that insinuate rudeness and insensitivity and demean an individual's racial identity. Microinvalidations typically invalidate, negate and diminish the psychological thoughts, feelings, and racial identity of African Americans (Sue et al., 2007). These acts may not be confronted often but the accumulation of microstressors can cause a great deal of stress for an individual. In addition, many times these offenses are labeled as non-racial and can be minimized by others which increase the stress in ethnic minorities.

Chronic-contextual stress refers to stress that reflects the impact of social structure, political dynamics, and institutional racism on social-role demands and the larger environment where individuals must adapt and cope (Harrell, 2000). This may include unequal distribution of resources and limitations on opportunities for ethnic minorities. Unequal distribution of resources or limitations on opportunities may negatively influence living conditions, medical interventions, educational opportunities and quality of life. Poor living conditions may also incur chronic stress and poor health in individuals. Chronic stress may also occur in situations of employment or neighborhoods where ethnic minorities are a significant statistical minority.

Collective experiences do not necessarily involve direct personal experiences but are felt on a collective level, which involves perceptions of effects on members of one's same ethnic group. These experiences are different from vicarious experiences because they do not have to involve witnessing or hearing a specific event about an individual. Some examples associated with collective experiences are economic conditions, lack of

political representation, and stereotypic portrayals or lack of representation in the media (Harrell, 2000).

The last type of race-related stress that has been identified in the literature is transgenerational transmission. The history of African Americans is one that greatly affects the relationship between African Americans and society. Recognition and understanding of this history is essential to understand the different layers associated with race related dynamics (Feagin, 1991). History may also shape intergenerational dynamics with stories about historical racism being passed down from one generation to the next.

### 2.3 Theory of Stress

The research of Lazarus and Folkman has provided one of the most influential stress models in current research. Their stress model discusses cultural influences in the context of understanding the relationship between individuals and society (Lazarus & Folkman, 1984). However, the model does not take into account the many cultural differences with regards to concepts of race and ethnicity. Slavin, Rainer, McCreary, & Gowda (1991) have proposed a multicultural model of the stress process that elaborates on Lazarus and Folkman's stress transactional model to include stressful events that are considered to be stressful for a person of color due to racial or cultural differences. The model also expanded on how racial or cultural elements may change how an individual processes the stressful event.

The model of Lazarus and Folkman has five major elements that Slavin et al. have expanded on: 1) the occurrence of a potentially stressful event, 2) primary cognitive appraisal of the event, 3) secondary cognitive appraisal of the event, 4) the implementation of a coping strategy, and 5) physical and mental health outcomes. The occurrence of a potentially stressful event can include major life changes, minor events that occur on a daily basis or ongoing life circumstances that effect daily living. The second component of the model is primary appraisal. The individual evaluates the stressful event to determine whether or not it presents a threat to them. Three major categories were developed to determine how harmful the threat might be to the individual: irrelevant, benign/positive, and stressful. Once determining where the event fits, the individual then moves to secondary appraisal and evaluates what type of resources they have to handle the event. The resources include both internal and external resources (Lazarus & Folkman, 1984).

The stress model by Lazarus and Folkman identified two different coping strategies a person may use when responding to a stressful event. Problem-focused strategies are viewed as active efforts an individual uses to alter the stressful event in some way, and emotion-focused strategies are ways in which an individual tries to control their emotional response towards a stressful event. These coping strategies are not necessarily effective all of the time. The final element of the model looks at outcomes that the stress might cause: social functioning, morale, and somatic illness. The model proposes that if poor coping strategies are used or if they are drained

frequently, an individual's vulnerability to stress will increase, and give rise to future stressful events, and ultimately cause poor health outcomes (Lazarus & Folkman, 1984).

Researchers have suggested that racism in American society enacted by individuals, institutions, and systems can act as a chronic stressor in the lives of African Americans which may play a role in the high rate of physical and mental illnesses affecting this community (Harrell, 2000). Utsey, Giesbrecht, Hook and Stanard (2008) found that experiences of racism were a significantly more powerful predictor of psychological distress than stressful life events. They felt that stress caused by racism is pervasive and perpetual; whereas, stressful life events are mostly time limited. Other studies have shown that race related stress leads to lower levels of quality of life and depression (Utsey & Payne, 2000), and general psychological distress (Klonoff, Landrine, & Ullman, 1999). According to Slavin et al., the stress model that Lazarus and Folkman have developed does not consider culturally relevant aspects of the stress process. Since racism has been found to be a unique stressor for African Americans, Slavin et al. attempted to address this issue by developing a more specific model for minorities to address this need.

Slavin et al. suggest a series of simple questions that should be addressed when investigating the stress and coping process for a specific cultural group. The first question based on the first element in the stress model is: "How does belonging to this cultural group affect the nature and frequency of potentially stressful life events that one experiences?" With this question, Slavin et al. incorporates culturally-relevant dimensions in the stress process. The question looks to address four major issues: an



individual being in the minority, members of oppressed groups experiencing discrimination, distressing events occurring more frequently to the poor, and members of cultural groups experiencing stressful events directly related to customs in their culture.

The second question, which addresses the second stage of the model asks, “How does belonging to this cultural group affect the way events are defined or the way the stressfulness of the event is evaluated?” Members of minority groups may be concerned about racial discrimination or harassment with events that normally would produce stress. Prolonged exposure to stress may lead to chronic hyper-vigilance and over-reactivity to certain events. The third question, which applies to secondary appraisal asks, “How does belonging to this ethnic group affect perceptions about the availability of resources, expectations for successful coping, and the coping options available?” Culture plays an important role at this stage because it may define how one can respond, or what resources they have depending on cultural beliefs. Individuals may also look at their own efficacy on how to handle events if they have developed negative stereotypes about their own ethnic group (Slavin et. al, 1991).

“How does belonging to this ethnic group affect choices about ways of coping with a stressful event?” This question relates to the fourth element of the stress model by looking at coping strategies an individual has. In many cultures, some coping behaviors are appropriate and others are not. Also, majority cultures may expect ways of coping that may not be part of a minority culture and may impose some of these coping strategies on someone from an oppressed group (e.g. psychotherapy). The final question addresses how coping strategies affect one’s health: “How does belonging to this ethnic

group affect the psychological and physical health problems that develop in response to stress when coping efforts are inadequate?” Cultural factors may influence certain psychological and physical disorders across different ethnic groups. Some behaviors that are normal with one group may be looked at as pathological with another group (Slavin et al, 1991).

The multicultural model of the stress process provides an avenue for examining the race-related stress process. When considering the first question of the model, “How does belonging to this cultural group affect the nature and frequency of potentially stressful life events that one experiences” it is important to think about the different types of racism and ways to experience race-related stress. The three different types of racism individual, institutional and cultural; increase the nature and frequency of experiencing discrimination and racism. Since the different contexts of racism may be experienced often, this will increase the chance of race-related stress. For the second question in Slavin’s model, racial identity theory can provide some insight as to how individual’s define or evaluate a race-based event as stressful. That is, racial identity theory suggests that an individual’s racial identity status may determine how they perceive an event and in turn affect the type of coping strategies they choose to use to deal with stressful events.

## 2.4 Black Racial Identity

To understand race-related stressors an individual faces and how they perceive these stressors, Black racial identity may help to determine how racism influences their

perceptions of these specific types of stressful events. Researchers have suggested that belonging to a particular racial group may affect how an individual defines a stressful event (Hall & Carter, 2006). Racial identity theory explains individual differences among perceptions of discrimination and racism. Black racial identity is defined as, “a dynamic maturation process in which African Americans move from internalization of negative racial messages to adoption of a positive racial group orientation” (Helms, 1990).

The Cross nigrescence theory has been used as the primary theory of investigating Black racial identity in the psychology literature (Cross, 1971). Cross’s original theory was developed in 1971 suggesting that racial preference was believed to be a part of a Black person’s personal identity and that it affected the person’s mental health functioning. If a Black individual accepted being Black, then they were assumed to be psychologically healthy and have high self esteem; however, if they accepted the values of White society then they were believed to suffer from self hatred which in turn caused low self esteem. Cross revised his racial identity theory to include two components of self-concept: personal identity and reference group orientation (Cross, 1991). The revised theory suggests that personal identity plays a minor role in racial identity compared to reference group orientation. Because of this, the relationship between racial identity and self esteem was re-examined and Cross believed that only a negative reference group orientation was believed to be associated with low self esteem (Vandiver, Cross, Worrell, & Fhagen-Smith, 2002).

In 1995, Cross expanded the revised theory to elaborate on the different stages in the model. Cross' revised theory is composed of a total of eight different identities within four stages (Vandiver et al., 2002). Four stages of Black racial identity were developed with different identities at each stage: Pre-Encounter, Encounter, Immersion-Emersion, and Internalization. The Pre-Encounter stage is characterized by three identities: Assimilation, Miseducation, and Self-Hatred. Individuals with Assimilation identity have a pro-American reference group orientation and believe that race is not an important factor for them. The Miseducation identity describes an individual who has a negative stereotypical mindset of the Black community and the Self-Hatred identity characterizes an individual who views themselves in a negative manner due to their race. Since individuals may be questioning their identity, denying aspects of their identity, or have negative stereotypes in the pre-encounter stage, they may be more likely to perceive a race-related event as stressful. Past research studies have found that the Pre-Encounter stage is associated with greater levels of distress (Neville, Heppner, Wang, 1997). The Pre-Encounter subscales have been linked with low levels of self-actualization, feelings of inferiority, higher levels of anxiety, and lack of self acceptance (Carter, 1994).

The Encounter stage does not describe any identity clusters. Instead this stage describes a process where an individual experiences a series of events that require them to re-examine their reference group orientation. If there is a sufficient amount of cognitive and emotional discomfort, the individual will move to the Immersion-Emersion stage (Vandiver et al., 2002).

The Immersion-Emersion stage consists of two different identities: Intense Black Involvement and Anti-White. Intense Black Involvement is an identity stage where an individual over-romanticizes immersion into the Black experience and an individual in the Anti-White identity stage rejects everything White to the point of demonizing Whites and their culture. Since individuals in the Immersion-Emersion stage have a racial attitude characterized by an increased focus on race and racial oppression, they may also perceive a race-related event as more stressful. This stage has been found to be associated with lower levels of self esteem, self-actualization, higher levels of anxiety, feelings of personal inadequacy and hypersensitivity (Parham & Helms, 1985). Individuals in this stage may have a heightened level of awareness of racial issues which may contribute to higher levels of stress (Neville et al., 1997).

The fourth stage, Internalization, consists of three different identity stages all sharing high positive race salience: Black Nationalist, Biculturalist, and Multiculturalist. An individual in the Black Nationalist will concentrate much of their energy on empowering the Black community. The Biculturalist identity focuses on two major elements within their identity: Black self acceptance and another cultural orientation such as gender or sexual orientation. Multiculturalist identity also has a positive Black identity but focuses two or more salient cultural identities as well. Both the Biculturalist and the Multiculturalist identities want to build coalitions beyond the Black community. Because individuals in the internalization stage have a more internalized view of their racial identity, it is theorized that they feel calmer, are more at ease with themselves, and there is a sense of confidence in their personal standards of their race (Vandiver et al.,

2002). An individual in this stage is less likely to perceive a race based event as stressful due to a more internalized view of their identity. Research has shown that the internalization identity stage has been related to lower identification of culture-specific stressors (Neville et al., 1997). Previous research has also suggested that this stage is related to lower levels of psychological distress (Neville et al., 1997).

Depending on the status of racial identity, an individual may have a poor self-concept or have internalized racial stereotypes which may cause them to have difficulty coping or adapting to race-related stressful experiences. This may generate greater levels of stress leading to psychological distress. In order for clinicians to help African American clients effectively cope with race related stress, it seems necessary to understand how racial identity status impacts the type of coping mechanisms an individual uses and how minorities are affected by this type of stress.

## 2.5 Coping

Due to the many forms of race related stress, adequate coping mechanisms need to be developed in order to diminish the effects of stress and psychological health. Coping mechanisms are cognitive and behavioral efforts used to manage demands appraised by the individual as stressful (Lazarus & Folkman, 1984). A study conducted by Plummer and Slane (1996) examined the coping behaviors of African Americans in racially stressful situations. They found that African Americans engaged in more problem solving coping mechanisms; however, in racially stressful situations three themes emerged involving coping behavior: 1) African Americans engaged in less active

coping, 2) racially stressful situations generally demanded confrontational coping strategies, and 3) racially stressful situations tended to limit the type of coping mechanisms available. They also found that African Americans used significantly more emotion-focused and problem-focused coping strategies, which implies that African Americans tend to use multiple coping strategies in order to handle race-related stressors they are exposed to.

Recent studies have utilized frameworks of coping that are more closely tied to theories of stress and coping which include problem focused coping, emotion focused coping, avoidance and seeking social support (Danoff-Burg et al., 2004; Thompson & Sanders, 2006; Utsey, et al., 2000). In addition to these general coping resources, researchers have also looked at confrontation or anger, spirituality and Africultural coping to determine which strategies may be more helpful when dealing with race related stress. When considering coping resources, research has also found that racial identity status plays a major role in determining the type of coping resource used (Hurst, 2010).

Problem-focused coping involves actions designed to directly alter the environment that is harmful, threatening or challenging. It is aimed at finding a solution to the problem, cognitive reframing, or minimizing the effects of the problem. Emotion focused coping involves managing internal states through defensive reappraisals where the significance of the event is distorted or misjudged and the significance of the event is reduced. This may include emotional responses, withdrawal and fantasizing (Mellor, 2004). In general, research suggests that problem focused coping is associated with

better psychological outcomes than strategies such as avoidance, resignation and withdrawal, which may lead to increased distress (Mellor, 2004). Problem focused coping has been associated with the Internalization stage of the racial identity theory. Results of a recent study suggested that the afrocentricity and multiculturalist identities in the internalization stage are significant predictors of problem solving coping. Problem solving coping was not a significant predictor of race-related stress suggesting that this type of coping mechanism reduced the perception of stress associated with a race-related event (Hurst, 2010).

Seeking social support has been defined as, “the presence or availability of network members who express concern, love, and care for an individual and provide coping assistance” (Sarason et al., 1983). This coping mechanism involves communication with others about events or experiences. Social support has been cited as beneficial for physical and psychological health and promotes a sense of security and connectedness, helping individuals to understand that discrimination is a shared experience (Symister & Friend, 2003). One study found that in a sample of Black college students 68% used family, friends or others as a social support after a racial incident (Swim et al., 2003). Social support has been hypothesized to serve as an effective strategy for coping with racism, however, there is limited empirical research supporting this hypothesis (Brondolo et al., 2009a). Some research suggests social support may increase distress when discussing discrimination. Discussions may arouse greater anger or anxiety and if situations appear hopeless, other emotions such as fear, frustration, grief, shame and loss may be experienced (Utsey et al., 2002). Further



research is needed to fully assess the coping resource and social support when dealing with race related stress.

Research has shown that individuals in the Immersion-Emersion identity status may have a more perceived insecurity in their problem solving ability which may create a tendency to either avoid or seek opinions and support from others (Neville et al., 1997). This may be due to problems with cognitive flexibility and selective misperceptions of racial events (Helms, 1990). Seeking support from others who have had similar experiences may help provide a sense of a shared, collective experience. However, Hurst 2010 found that seeking social support coping was a greater predictor of race-related stress.

Avoidance coping falls under the umbrella of emotion focused coping. Avoidance coping strategies have not been researched much in the literature concerning race related stress. However, it is an important coping mechanism to consider when thinking about race related stress. Depending on racial identity status, African Americans may be more susceptible to this form of coping mechanism. Denying racial identity and racial pride may make it easier to avoid racially stressful situations. This may be due to this stage having a more pro-American reference group orientation, whereas, they are identifying more with the dominant culture or that they are choosing to avoid or ignore racially stressful situations (Vandiver et al., 2002). A recent study found that individuals in the Pre-encounter stage of racial identity theory tend to use more avoidance based coping strategies. The results also showed that avoidance coping predicted more stress from a race-related event (Hurst, 2010).

Race-related stressors may result in feelings of anger due to maltreatment. Using anger as a way to cope may address two different goals. Confrontation may be used to influence the outcome of a race related situation. Anger may be used to alter the behavior of the perpetrator (Swim et al., 2003). Another goal may be to handle the stress and the emotional burden caused by the race related interaction. Studies have that shown confrontation coping have mediated the effects of depression, individuals were less likely to ruminate on the incident, and individuals were less likely to have hypertension (Noh et al., 1998; Hyers, 2007; Krieger, 1990). Depending on the perceived level of efficacy, individuals may be more inclined to use some form of confrontation to reduce overall levels of stress due to racism.

Cultural beliefs and practices may impact strategies for coping and due to the many forms of racism; individuals may learn to cope in many different ways. Studies have shown that African Americans are resilient in the way that they handle stress caused by racism. Resiliency is a factor that involves planning one's life on how to avoid or defend oneself against discrimination (Franklin-Jackson & Carter, 2007). Another part of resiliency in this instance may focus on the African American community and the ability for individuals to develop specific coping and survival strategies to accommodate job instability, low family income, and adapting to manifestations of racism. This may also become a pattern of intergenerational coping with these styles of coping socialized into children and grandchildren.

In the African American community familial relationships have been essential to shaping identity. The family unit is normally the primary mode of transmission for

cultural values, beliefs, behavior, religious instruction, and racial socialization (Hill, 1999). Social and cultural values are usually transmitted through generations. In the African American community some of these values have been passed down through generations beginning with enslaved Africans. Many coping resources were developed during this time for their survival. Research suggests that environments are predictive of positive outcomes in children including caring and support, high expectation, encouragement promoting resilience, mother-child relationship quality, and role flexibility (Utsey, Giesbrecht, Hook, & Stanard, 2008).

Culture specific coping refers to ways in which members of a particular cultural group draw on a fund of cultural knowledge to develop meaning to a stressor, and while also determining available resources for dealing with that stressor (Constantine & Blackmon, 2002). Racial socialization and racial pride have been found to be important collective coping resources. Studies have found that parental messages of racial and cultural pride reduced levels of race-related stress, and racial pride being associated with peer related self esteem and reduced anger in adolescence (Smith-Bynum; Constantine & Blackmon, 2002). Africultural coping has been conceptualized as having four components. These components consist of: cognitive/emotional debriefing or adaptive reactions by African Americans to manage their perceived environmental stressors; spiritual centered coping; collective coping; and ritual centered coping (Utsey et al., 2002).

Religious problem solving or spirituality may be considered another cultural specific coping mechanism used by African Americans. Specifically, the “Black

Church” has historically been a primary coping resource for many African Americans. The Black Church is seen as a place for psychological strength including self esteem, resilience, optimism and hope (Utsey et al., 2008). Religious problem solving may be used to provide meaning, gaining control, or comfort when faced with conflict or problems in life (Lewis et al., 2006). Religious problem solving provides a cognitive framework for understanding stressful situations by attributing the locus of responsibility to oneself or a Higher Being. Individuals may not take a direct approach when dealing with stressful situations, but believe that a Higher Being will provide resources or answers to solve the problem, which has been shown to reduce negative effects on mental health (Bowen-Reid & Harrell, 2002).

## 2.6 Implications for Clinicians

When considering race related stress, general well being is facilitated by eliminating the stressor, changing an individual’s perception of the stressor, or strengthening the internal and external resources to effectively deal with the stressor (Harrell, 2000). Research has suggested that the psychosocial effects of racism can produce levels of conscious and unconscious stress in African Americans (Carter, 2007). Since the effects of racism can become a chronic stressor, it is important for clinicians to consider the influence race-related stress may have on mental health. Race related stress is considered a significant mental health concern regardless of whether or not experiences are seen as objective or subjective.

African Americans have been exposed to racism on an individual level, a cultural level, as well as an institutional level. Because of this, they are exposed to higher levels of chronic stress. Current research has suggested that racism can be experienced as overt, but more recently being viewed as subtle microaggressions. Training mental health clinicians to be aware of how personal characteristics and environmental contexts may affect their exposure to racism. In addition, understanding the impact of microaggressions may allow clinicians to help clients minimize feelings of self blame, increase clients' awareness and understanding of race related perceptions, attitudes, and coping styles. By identifying and validating a client's experience, clients' may feel a sense of safety, security, and hope rather than feelings of isolation and alienation. This may provide an avenue to help clients develop healthy coping mechanisms when dealing with race related stress. If mental health clinicians are not aware or ignore race related experiences, this may ultimately ruin the alliance with the client and the effectiveness of treatment (Harrell, 2000).

Interventions that identify and strengthen different sociocultural variables such as racial identity, family resources, social support and cultural values may be very effective for clients struggling with situations dealing with racism. This may help in understanding how family and socialization influences can increase awareness and understanding of one's race-related perceptions, attitudes, and coping styles (Harrell, 2000). Understanding the many coping mechanisms that African Americans use may be helpful when determining what is helpful for clients especially when trying to figure out alternative coping methods. It is also important to know the outcomes certain coping

strategies may produce when considering mental health and psychological distress, to adequately deal with race-related stress. Race-related stress is necessary to consider when working with clients, although minimizing or over emphasizing situations may reflect more of the therapist's needs and not the clients. When racial issues can be mutually understood early in therapy it may establish trust and allow the therapist to build a strong therapeutic alliance.

In addition to considering coping strategies, racial identity and perceptions of race-related events should be explored. This is helpful in understanding how an individual may perceive a race-related event and is affected by race-related stress. Integrating social/cultural environments into a framework when conceptualizing a case may provide adequate information about an individual's racial identity status, which; may help guide the treatment. Racial identity has been determined to be a psychological filter in perception of race-related stress and how it affects mental health (Hurst, 2010). Helping individuals understand their thoughts towards racial identity and their perception of race-related stress may be beneficial in helping individuals strengthen their own capacity for effective coping and increase their ability to draw support in stressful situations.

The clinician may also need to reflect upon their own biases and prejudices to determine how they might interfere with an effective treatment. Without a self appraisal, the clinician cannot formulate a useful case formulation and a complete understanding of the client's worldview and how stressors of the world may affect the client. When there is a lack of information, appropriate treatment may not be provided resulting in

ineffective treatment, poor therapeutic alliance, and premature termination. These consequences may produce more harm and even be traumatizing to an individual especially if they are already dealing with chronic stressors in life and initial concerns about the mental health field. A thoughtful formulation is necessary when selecting therapeutic goals, theoretical orientations, and interventions. It is encouraged that counseling psychologists continue to develop cultural formulations and explore alternative ways of coping when considering working with African Americans.

### 3. EXAMINING THE RELATIONSHIP BETWEEN RACIAL IDENTITY STATUS AND RACE-RELATED STRESS IN AFRICAN AMERICANS

Stress has been a well studied concept in the field of psychology. It has been recognized in psychology literature as an important factor to determine psychological health and well being. Stress has been defined as, “an event or several events that occur in the environment, which places demands upon the individual” (Lazarus & Folkman, 1984). For African Americans, the experience of racism often leads to stress, which, in turn can affect psychological well being (Harrell, 2000). Furthermore, researchers have suggested that the increasing health risks for African Americans may be exacerbated by psychological and physiological responses to chronic exposure of racism (Utsey, Giesbrecht, Hook & Stanard, 2008). Members of most ethnic or racial minority groups report exposure over the course of their lifetime and for some individuals race related maltreatment may occur on a weekly basis (Brondolo, Beatty, Cubbin, Pencille, Saegert, Wellington, et al., 2009a).

Studies that have examined race-related stress and mental health have shown negative outcomes such as psychological distress (Carter, Forsyth, Mazzula, & Williams, 2005), poor quality of life, less life satisfaction, and depression (Noh & Kasper, 2003; Utsey & Payne, 2000; Brondolo, Brady, Thompson, Tobin, Cassells, Sweeney, et al., 2008). Evidence has also linked race-related stress to linked racism to hypertension, coronary heart disease, (Brondolo et al., 2008b; Harrell, Hall, & Taliaferro, 2003) and other physical health problems (Paradies, 2006). Consequently,



race-related stress is an important factor for determining psychological health and well-being (Jackson, Brown, Williams, Torres, Sellers, & Brown, 1996).

Research has also shown that not all individuals report race-related events as stressful; in addition, some individuals don't seem to have psychological symptoms associated with race-related stress (Carter et al., 2005). The reaction to stress depends on an individual's perception of the event and if the event is seen as negative or unwanted. In determining whether or not an experience is stressful is based upon how one perceives the event and the person's ability to cope with the stressful experience (Slavin, Rainer, McCreary, & Gowda, 1991). The perception of stress may be determined by a number of factors including: personality, temperament, coping factors, identity status, past experiences, and attitudes. Being a part of a particular racial group may affect the way in which individuals define events due to individual, ethnic, and racial group differences (Franklin-Jackson & Carter, 2007). Racial identity has been described as a collective identity based on one's perception that he or she shares a common heritage with a particular racial group (Harrell, 2000). An individual may perceive race-related events differently based on the development of their racial identity.

### 3.1 Racial Identity Status

One way to understand the within group differences of why some individuals experience race-related stress while others do not in reaction to the same event, is to examine racial identity status. African Americans may perceive a race-related event differently based on how they identify with their racial group (Hall & Carter, 2006).

Racial identity status theory explains individual differences among perceptions of discrimination and racism. Racial identity is defined as, “a dynamic maturation process in which African Americans move from internalization of negative racial messages to adoption of a positive racial group orientation” (Helms, 1990).

The Cross nigrescence theory has been used as the primary theory of investigating racial identity in the psychology literature. Cross’s original theory was developed in 1971 suggesting that racial preference was believed to be a part of a Black person’s personal identity and that it affected the person’s mental health functioning. If a Black individual accepted being Black, then they were assumed to be psychologically healthy and have high self esteem; however, if they accepted the values of White society than they were believed to suffer from self hatred, which in turn caused low self esteem. In 1995, Cross expanded the revised theory to elaborate on the different stages in the model. The revised theory also suggests that personal identity plays a minor role in racial identity compared to reference group orientation (Vandiver, Cross, Worrell, & Fhagen-Smith, 2002).

Four stages of racial identity were developed with different identities at each stage: Pre-Encounter, Encounter, Immersion-Emersion, and Internalization. The Pre-Encounter stage is characterized by three identities: Assimilation, Miseducation, and Self-Hatred. Individuals with Assimilation identity have a pro-American reference group orientation and believe that race is not an important factor for them. The Miseducation identity describes an individual who has a negative stereotypical mindset of the Black community; and the Self-Hatred identity characterizes an individual who

views themselves in a negative manner due to their race. The internalization of negative stereotypes about Blacks results in individuals questioning their own self-worth as a Black person (Vandiver et al., 2002). For each racial identity, they may be a different type of appraisal process when trying to identify if a race-related event is stressful.

Since individuals may be questioning their identity, denying aspects of their identity, or have negative stereotypes in the pre-encounter stage, they may be more likely to perceive a race-related event as stressful. Past research studies have found that the Pre-Encounter stage is associated with greater levels of distress (Neville, Heppner, Wang, 1997). The Pre-Encounter subscales have been linked with low levels of self-actualization, feelings of inferiority, higher levels of anxiety, and lack of self acceptance (Carter, 1994). In other identity measures such as, the RIAS-B and the DIBC, the pre-encounter stage was associated with low personal autonomy, interpersonal difficulties, low self esteem, depression (Taylor, 1996).

The Encounter stage does not define any identities, the stage is where an individual experiences a series of events that require them to re-examine their reference group orientation. The events may consist of one or more significant personal or social events that are inconsistent with their current frame of reference. For example, a Black person who views race as insignificant and wishes to be viewed simply as a “human being” is denied access to a social function because of skin color. Encounters such as these make the individual reflect upon a new interpretation of self in relation to the world (Cross, 1971). Two steps must occur during the Encounter stage before progressing to the next stage: (a) the individual experiences an encounter, and (b) the

individual begins to reinterpret the world as a consequence of personalizing the encounter (Cross, 1971). This stage is more of a process and does not have specific identities. If there is a sufficient amount of cognitive and emotional discomfort, the individual will move to the Immersion-Emersion stage (Vandiver et al., 2002).

The Immersion-Emersion stage consists of two different identities: Intense Black Involvement and Anti-White. Intense Black Involvement is an identity stage where an individual over-romanticizes immersion into the Black experience; and an individual in the Anti-White identity stage rejects everything White to the point demonizing Whites and their culture. Individuals in this stage may begin to ask themselves questions such as, "How could they do this to me?" "How could they do this to us?" "How could I have failed to see what society was like before now?" These questions may begin to produce feelings of rage, anxiety, and guilt. This stage may also produce an unforgiving stance toward other African Americans who are perceived to be in the stages Pre-Encounter or Multiculturalist. It is difficult for this individual to distinguish between these two identity frameworks, seeing both as pro-White and, therefore, anti-Black. Also, an anti-White attitude may be manifested in social interactions (Vandiver et al., 2002).

Since individuals in the Immersion-Emersion stage have a racial attitude characterized by an increased focus on race and racial oppression, they may also perceive a race-related event as more stressful. This stage has been found to be associated with lower levels of self esteem, self-actualization, higher levels of anxiety, feelings of personal inadequacy and hypersensitivity (Parham & Helms, 1985).

Individuals in this stage may have a heightened level of awareness of racial issues which may contribute to higher levels of stress (Neville et al., 1997). In addition, individuals may rely on or “stick” to their own cultural group when dealing with stress. This may cause individuals to seek within or use social support strategies as well as avoidance of issues related to stress.

The fourth stage, Internalization, consists of three different identities all sharing high positive race salience: Black Nationalist, Biculturalist, and Multiculturalist. An individual in the Black Nationalist will concentrate much of their energy on empowering the Black community. The Biculturalist identity focuses on two major elements within their identity: Black self acceptance and another cultural orientation such as gender or sexual orientation. Multiculturalist identity also has a positive Black identity but focuses on two or more salient cultural identities as well. Both the Biculturalist and the Multiculturalist identities want to build coalitions beyond the Black community.

Individuals in the Internalization stage are described as open to other cultures and worldviews, but still opposed societal racism and oppression. The individual internalizes the new identity, which expresses itself in the day-to-day life of the individual. Because individuals in the internalization stage have a more internalized view of their racial identity, it is theorized that they feel calmer, are more at ease with themselves, and there is a sense of confidence in their personal standards of their race (Vandiver et al., 2002). An individual in this stage is less likely to perceive a race related event as stressful due to a more internalized view of their identity. Research has shown that the internalization identity stage has been related to lower identification of

culture-specific stressors (Neville et al., 1997). Previous research has also suggested that this stage is related to lower levels of psychological distress (Neville et al., 1997).

Given that the pre-encounter stage and the immersion-emersion stage have both been linked with greater levels of distress, I hypothesize that both stages would predict greater levels of stress in regards to race-related events and that these stages will have less adequate coping resources to handle race-related stress. In addition, on the source that internalization stage has been related to lower levels of distress, I predict that this stage will be related to lower levels of race-related stress and will have more problem solving coping abilities to deal with race-related stress. As racial identity status can influence perceptions, it is possible that the different stages can also influence the type of coping strategies used when faced with a race-related stressor. In order for clinicians to help African American clients effectively cope with race-related stress, it is necessary to understand how racial identity status impacts the type of coping mechanisms an individual uses.

### 3.2 Coping

Coping mechanisms are cognitive and behavioral efforts used to manage demands appraised by the individual as stressful (Lazarus & Folkman, 1984). A study conducted by Plummer and Slane (1996) examined the coping behaviors of African Americans in racially stressful situations. They found that African Americans engaged in more problem solving coping mechanisms; however, in racially stressful situations three themes emerged involving coping behavior. First, African Americans engaged in

less active coping in race-related situations. Second, racially stressful situations generally demanded confrontative coping strategies. Lastly, racially stressful situations tended to limit the type of coping mechanisms available. They also found that African Americans used significantly more emotion-focused and problem-focused coping strategies, which implies that African Americans tend to use multiple coping strategies in order to handle race-related stressors they are exposed to.

Recent studies have utilized frameworks of coping that are more closely tied to theories of stress and coping which include problem focused coping, emotion focused coping, avoidance, and seeking social support (Danoff-Burg, Prelow, & Swenson, 2004; Thompson & Sanders, 2006; Utsey, et al., 2000).

Problem solving coping involves actions designed to directly alter the environment that is harmful, threatening or challenging. It is aimed at finding a solution to the problem, cognitive reframing, or minimizing the effects of the problem. Emotion focused coping involves managing internal states through defensive reappraisals where the significance of the event is distorted or misjudged and the event is reduced. This may include emotional responses, withdrawal and fantasizing (Mellor, 2004). In general, research suggests that problem focused coping is associated with better psychological outcomes than strategies such as avoidance, resignation, and withdrawal; which may lead to increased distress (Mellor, 2004).

Problem solving coping seems to be most consistent with racial identity status, in particular, the internalization stage because it addresses the degree of one's ability for self appraisal to analyze complexities of events and resolve external demands or

stressors. Racial identity is focused more on socio-racial demands and problem focused coping focuses on general or unspecified demands (Neville et al, 1997). Individuals in the internalization stage will more likely have a perceived confidence in their problem solving ability which creates confidence in actively confronting problems and finding creative solutions to deal with stressors. This may be due to more flexible thinking and a more accurate appraisal of stressors (Helms, 1995). Since problem solving coping has been shown to lead to better psychological outcomes when dealing with general stressors, it may reduce stress from a race-related event as well.

Seeking social support has been defined as, “the presence or availability of network members who express concern, love, and care for an individual and provide coping assistance” (Sarason et al., 1983). This coping mechanism involves communication with others about events or experiences. One study found in a sample of Black college students 68% used family, friends or others as a social support after a racial incident (Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003). Social support has been hypothesized to serve as an effective strategy for coping with racism, however, there is limited empirical research supporting this hypothesis (Brondolo et al., 2009b). Some research suggests social support may increase distress when discussing discrimination. Discussions may arouse greater anger or anxiety and if situations appear hopeless, other emotions such as fear, frustration, grief, shame and loss may be experienced (Utsey, Chae, Brown, & Kelly, 2002).

Individuals in the Immersion-Emersion identity status may have a more perceived insecurity in their problem solving ability which may create a tendency to



either avoid or seek opinions and support from others (Neville et al, 1997). This may be due to problems with cognitive flexibility and selective misperceptions of racial events (Helms, 1995). Seeking support from others who have had similar experiences may help provide a sense of a shared, collective experience. A shared experience may increase the awareness of one's racial identity and reduce race-related stress. Social support has been cited as beneficial for physical and psychological health and promotes a sense of security and connectedness, helping individuals to understand discrimination as a shared experience (Symister & Friend, 2003).

Avoidance coping falls under the umbrella of emotion focused coping. Avoidance coping strategies have not been researched much in the literature concerning race-related stress. However, it is an important coping mechanism to consider when thinking about race-related stress. Depending on racial identity status, African Americans may be more susceptible to this form of coping mechanism. Denying racial identity and racial pride may make it easier to avoid racially stressful situations. Research has not shown the effectiveness of avoidance as a coping mechanism.

Both racial identity stages, pre-encounter and immersion-emersion, are associated with avoidance or suppression of potential racial concerns or stress. Individuals with higher pre-encounter attitudes are more likely to avoid or suppress stressors. This is due to cognitive inflexibility in regards to racial identity (Neville et al., 1997). Individuals in the Immersion-Emersion stage may rely on or "stick" to their own cultural group when dealing with stress. This may cause individuals to seek within or use social support strategies as well as avoidance of issues related to stress. Because

they are more frustrated and angry about race-related events, individuals may choose to socialize in areas where they are surrounded by their own cultural group, thus avoiding situations that racism may occur. In addition, pre-encounter attitudes may deny that race-related events are stressful. If avoidance coping is used, the individual may not go through the appraisal process of assessing stressors. The race-related event may not be perceived as stressful; however, this may cause an inability to cope or misperceive a racially stressful event. Difficulty in coping may produce more stress in the individual when dealing with a race-related event.

### 3.3 Purpose of the Study

The present study is interested in examining how racial identity status affects the relationship between race-related stress and coping strategies. Research has suggested that an individual's racial identity status may determine how they perceive an event and may affect the type of coping strategies they choose to use to deal with stressful events. Racial identity may also play a part in an individual choosing coping strategies that are either adaptive or mal-adaptive, leading to psychological distress. In this study, we expect that depending on racial identity status, individuals will deal with race-related stress using certain coping resources. For individuals in the Pre-encounter stage, it is hypothesized that they will be more likely to use avoidance coping mechanisms. During the Immersion-Emersion stage it is hypothesized that individuals will use either avoidance or seeking social support strategies and in the Internalization stage it is expected that individuals will use more problem solving coping mechanisms.

### 3.4 Method

#### *Participants*

A total of 295 African American males and females over the age of 18 were included in this study. Participants were representative of several geographic regions throughout the U.S. including the Midwest and the south. Participants reported the following communities: rural (10%), suburban (37%), urban (50%), other (2%), and missing (1%). The racial composition of their current community consisted of: mostly Black (46%), mixed (29%), mostly White (23%), missing data (2%). Of the 295 participants, 195 were women and 96 were men. The participants ranged from 19 to 78 with a mean age of 37 and a standard deviation of 13. The breakdown of age is as follows: 12-30 (41%), 31-40 (20%), 41-50 (14%), 51-60 (15%), 61-78 (5%), missing (4%). Participants reported income between the range of less than 10,000 and over 60,000 with a mean between 40,000 and 60,000. Household income was distributed as follows: 1.7% were below 10,000, 5.8% were between 10,000 and 20,000, 6.6% were between 20,000 and 30,000, 8.5% were between 30,000 and 40,000, 20.4% were between 40,000 and 60,000, and 55% were over 60,000. In reporting education levels, over 80% of the participants received a bachelors' degree. In the current study, 17% were undergraduate students, 26% were graduate students, and 57% were currently not enrolled in school.

#### *Data Collection*

Participants were recruited from both the community and at universities. Community organizations included churches, and non-profit organizations supporting

the African American community and universities. To be included in the study, participants needed to report their ethnicity as African American and be over the age of 18. The data was collected using a web based survey design to avoid data input errors and insure accurate results. List-servs of African American organizations on universities were utilized to recruit students from the university to participate in the study. Participants had approximately two weeks to fill out the web designed survey. 436 individuals clicked on the survey, however, 295 individuals actually completed the survey suggesting a 68% return rate.

### *Measures*

*Race-Related Stress.* Two measures were used to assess the overt and subversive events that can be experienced as stressful. The Index of Race-Related Stress-Brief Version (IRRS-B; Utsey, 1999) is a 22 item measure designed to assess more overt race-related stressors experienced by African Americans in their daily lives. The respondents are asked to evaluate overt race-related situations that they or someone close to them has experienced and rate how distressing it was for them. These ratings are recorded on a 5 point scale ranging from (0= *this never happened to me* to 4= *event happened and I was extremely upset*). The measure has three subscales and a total score. The subscales consist of: Cultural Racism (10 items), Institutional Racism (6 items), and Individual Racism (6 items). An example of an item on this measure is, "You have observed situations where other Blacks were treated harshly or unfairly by Whites/or Non-Blacks due to their race." Higher scores indicate greater levels of race-related stress. Utsey (1999) found that the internal consistency reliability coefficients for this measure are:

cultural=.78, institutional=.64 and individual racism=.74. Cronbach's alpha coefficients were: .81 for Cultural Racism and .79 for Individual Racism (Utsey et al, 2008). In this study, the reliability coefficients for the subscales were: Cultural Racism=.85, Institutional Racism=.76, and Individual Racism=.70.

Questions were developed to create a scale assessing for racial micro-aggressions. Racial microaggressions are a more subtle form of racist behaviors that can be both intentional or unintentional (Sue et al., 2007). Based on key phrases used by Sue et al.'s demonstration of microaggressions, a 20 item measure was developed. The respondents were asked to evaluate race-related situations that they or someone close to them has experienced and rate how distressing it was for them. These ratings are recorded on a 5 point scale ranging from (0= *this never happened to me* to 4= *event happened and I was extremely upset*). An example of an item on this measure is, "I am not a racist. I have several Black friends." Higher scores on this measure indicate greater levels of race-related stress. Exploratory factor analysis was performed to derive factors from the 20 items. Based on factor loadings, 3 factors were created based on the following criteria: items in each factor were required to have regression weights greater than .3, and at least three items were required per factor. Factor loadings ranged from .33 to .92. After performing the factor analysis, three factors were created: Micro-Insult, Micro-Invalidation, and Environmental Micro-aggression, which aligns with Sue et al.'s theory of racial microaggression. The range for factor loadings on the Micro-Insult scale are: .33-.92. The range for factor loadings on the Micro-Invalidation scale are: .47-.63 and the factor loadings for the Environmental Micro-aggression scale are:

.37-.68. In this study, Cronbach alpha coefficients were as follows: .76 (95% CI= .71, .80) for Micro-Insult, .83 (95% CI=.78, .85) for Micro-Invalidation, and .66 (95% CI = .59, .72) for Environmental Micro-aggression.

*Coping Mechanisms.* The Coping Strategy Indicator (CSI; Amirkhan, 1990) is a 33 item self report measure of coping strategies used by individuals dealing with stressful situations. The CSI consists of three coping strategy subscales: problem solving (11 items), seeking social support (11 items), and avoidance (11 items). The respondents are asked to recall a stressful event that involved racial discrimination. Respondents are then asked to indicate the extent to which they used the coping strategies listed in dealing with the stressful event. The responses are recorded on a 3 point scale ranging from (1= *a lot* to 3= *not at all*). Higher scores on the subscales suggest more use of the particular coping mechanism. The internal consistency for the CSI subscales are: .93 for seeking social support, .89 for problems solving and .84 for avoidance. Test-retest reliability was found in a student and community sample: .83 and .77 for the problem solving scale, .80 and .86 for the seeking social support scale, and .82 and .79 for the avoidance scale. In a study by Utsey et al., 2000, Cronbach's alphas for the subscale were .87 for problem solving, .89 for seeking social support, and .80 for avoidance (Utsey et al, 2000). The reliability coefficients for the subscales in this study were as follows: Problem Solving=.88, Seeking Social Support= .93, and Avoidance=.82.

*Racial Identity.* The Cross Racial Identity Scale (CRIS) is a 30-item instrument used to measure six of the nine racial identity statuses in the Nigrescence theory. The

six subscales are pre-encounter assimilation (PA), pre-encounter miseducation (PM), pre-encounter self-hatred (PSH), immersion-emersion anti-White (IEAW), internalization Afrocentricity (IA), and internalization multiculturalist inclusive (IMCI). Each scale is measured by five items using a 7 point scale. Higher scores reflect stronger endorsements of the attitudes of the subscales. Scores on the six subscales have moderate to high internal consistency coefficients of .78 to .90. Reliability estimates for the scores for the CRIS have ranged from .59 to .91 (Vandiver, Cross, Worrell, & Fhagen-Smith, 2002). The reliability coefficients for the subscales in this study were as follows: Assimilation= .87, Miseducation=.77, Self Hatred=.86, Immersion-Emersion=.85, Afrocentricity=.84, Multiculturalist=.84.

*Demographic Questionnaire.* The participants in this study were given a demographic questionnaire requesting background information. The participants were asked to indicate age, sex, socioeconomic status, education status, religious background, and family income.

### 3.5 Results

#### *Analysis*

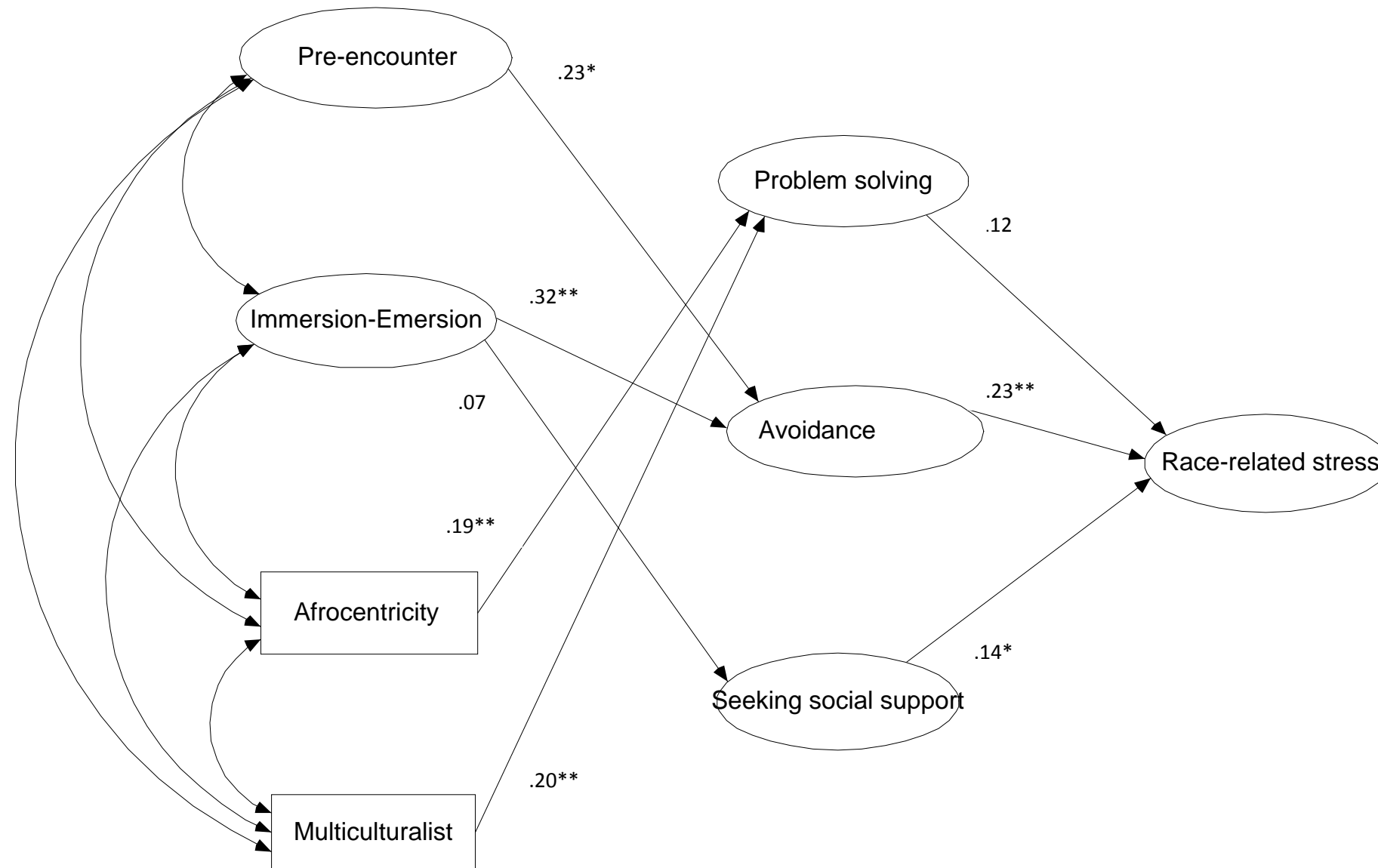
To address the primary research questions, the researcher tested the fit of the data to the model shown in Figure 1. The structural equation modeling (SEM, maximum likelihood) procedures of AMOS were adapted to assess model fit, and SPSS 12.0 was used to analyze the descriptive statistics, the bivariate correlation coefficients, and the internal consistency. The commonly used indices and the suggested values for assessing

the model fit include chi-square ( $\chi^2$ ), root mean square error of approximation (RMSEA  $\leq .08$ ), and comparative fit index (CFI  $> .90$ ). Since  $\chi^2$  is very sensitive to sample size,  $\chi^2/\text{degree of freedom}$  ( $< 5$ ) was also used to assess the model fit (Kline, 2005).

Before the estimation of the latent structural models, the normality of the univariate and multivariate distributions of the measured indicators were examined. Not all of the distributions of the variables were normal. Because of this, some items were removed from the model. For the avoidance coping variable (6 items removed), on the problem solving coping mechanism (3 items removed) seeking social support (1 item removed) anti-white (2 items removed). These items were removed based on the CFA and modification indices. However, construct validity was assessed for the revised variables. For the revised observed variables, skewness ranges from -1.50 to 2.11, kurtosis ranges from -1.28 to 3.85. Kline (2005) suggested that a skewness value  $> 3$  and a kurtosis value  $> 10$  would influence the results. Therefore, a maximum likelihood estimation procedure, an estimation method robust to the violation of the multivariate normal distribution assumption, was used for the parameter estimation in the SEM



Figure 1  
SEM Model 1: Race-related Stress  
\* $p < .05$ . \*\* $p < .01$ .



analysis. The two-step SEM process was followed, in which the first step confirmatory factor analyses explored the measurement model by examining the fit of the indicators to their latent constructs. In the second step, the measurement model was used to determine the relationships among the latent constructs in the structural model. In both the measurement and structural model, a correlation matrix was used to enter data into AMOS.

### *Measurement Model*

The measurement model was evaluated to determine how well the observed variables combine to represent the underlying latent constructs of the model. Findings from this initial test of the measurement model indicated that the hypothesized model had an acceptable fit to the data. The evaluation was based on chi square:  $\chi^2 = 840$ ,  $df = 506$ ,  $p < .01$ ,  $RMSEA = .05$ ,  $CFI = .92$ ,  $\chi^2/df = 1.66$ . The item loading to latent variables ranged from .65 to .85, indicating good convergent validity. The U value (latent variable covariance matrix) of variables ranged from .30 to .67, all less than .85, and none of the confidence intervals included 1, indicating good discriminant validity. The reliability coefficients for the variables ranged from .60 to .94. The results provide evidence for the distinctiveness of the constructs and an acceptable model fit in this study.

### *Structural Model*

Scale means, standard deviations, and intercorrelations for the full sample are reported in Table 1. This research tested the fit of the structural model shown in Fig. 1. Analysis of the structural model yielded evidence of a good fit:  $\chi^2 = 866$ ,  $df = 515$ ,  $p < .01$ ,  $\chi^2/df = 1.7$ ,  $RMSEA = .05$ ,  $CFI = .92$ . Path relation estimates are shown in Fig. 1. As

Table 1: Correlations for Study Variables  
Means, Standard Deviations, and Correlations for the Study Variables

[illegible]

shown in Fig. 1, this research found support for the specific prediction that racial identity status plays a major role in the perception of race-related stress. In addition, racial identity status plays a role in determining the type of coping mechanism used when dealing with race-related stress.

In considering the hypothesis, there was a direct effect between racial identity status, coping, and how individuals in a certain racial identity stage perceived race-related stress. Avoidance coping had a positive direct effect in relation to race-related stress ( $\beta = .23$ ). This prediction was statistically significant at the .05 level ( $p = .002$ ). This suggests that individuals who are more likely to use avoidance coping perceived a race-related event as stressful. There was a positive direct effect with seeking social support coping and race-related stress ( $\beta = .14$ ). This prediction was statistically significant at the .05 level ( $p = .03$ ). Seeking social support was a predictor of race-related stress. Problem solving coping was not significantly significant in predicting race-related stress ( $p = .07$ ) with a regression weight of ( $\beta = .12$ ).

Also, the model shows that racial identity status affects the way individuals cope with race-related stress. The Internalization stage in the racial identity theoretical model was separated into two different stages in the SEM model. Afrocentricity and Multiculturalist make up the Internalization stage; however, these two identities did not correlate well enough to make one latent variable (Internalization). Both afrocentricity and multiculturalist were predictors of problem solving coping. The path between afrocentricity identity and problem solving coping was a positive direct effect ( $\beta = .18$ ). This path was statistically significant at the .05 level ( $p = .004$ ). The path between

multiculturalist and problem solving coping was a positive direct effect ( $\beta = .20$ ). This path was statistically significant at the .05 level ( $p = .002$ ). The Internalization stage was a significant predictor of problem solving coping when dealing with race-related stress.

The path between Immersion-Emersion and seeking social support coping had a positive but small direct effect ( $\beta = .07$ ). The prediction of individuals in the Immersion-Emersion stage using social support as a coping resource is not statistically significant. The path between the Immersion-Emersion stage and avoidance coping was a positive direct effect ( $\beta = .32$ ). Therefore, it seems that the Immersion-Emersion stage was a predictor of avoidance coping and not seeking social support. When considering the Pre-encounter stage, there was a positive direct path between avoidance coping ( $\beta = .25$ ). The prediction of individuals in the pre-encounter stage using avoidance coping was statistically significant at the .05 level ( $p = .002$ ).

Path coefficients for the latent variables in the model were as follows. For the race-related stress variable the four observed variables consist of path coefficients: .65, .70, .79, .83. The observed variables for the Pre-encounter latent variable the path coefficients were between .49-.90. For the Immersion-Emersion latent variable, the path coefficients were between .76 and .79. The avoidance path coefficients ranged from .56 to .70. The seeking social support coefficients were between .69 and .83. Finally, the problem solving coefficients were between .60 and .74.

### 3.6 Discussion

The aim of this study was to understand how racial identity status affects how individuals cope with race-related stress. Racial identity theory suggests that an individual's racial identity status may determine how they perceive an event and may affect the type of coping strategies they choose to use to deal with stressful events. This research found support for the specific prediction that racial identity status plays a major role in the perception of race-related stress. In addition, racial identity status plays a role in determining the type of coping mechanism used when dealing with race-related stress. The independent model was a good fit, and most path coefficients were significant in the hypothesized direction. We hypothesized that individuals in the Pre-encounter stage will be more likely to use avoidance coping mechanisms. During the Immersion-Emersion stage it was hypothesized that individuals will use either avoidance or seeking social support strategies, and in the Internalization stage it was expected that individuals will use more problem solving coping mechanisms. For each racial identity, it appears that there is a different type of appraisal process when trying to identify if a race-related event is stressful.

The Pre-Encounter stage is characterized by individuals questioning their identity, denying aspects of their identity, or who have negative stereotypes of themselves. In this study, the measures that were used for this stage focused on individuals who view themselves or their community in a negative manner due to their race. The results found that individuals in this stage of identity related more to avoidance based coping strategies. This may be due to this stage having a more pro-

American reference group orientation, whereas, they are identifying more with the dominant culture or that they are choosing to avoid or ignore racially stressful situations (Vandiver, 2002). The results also showed that avoidance coping was related to higher levels of stress from a race-related event. Previous studies have shown that avoidance coping was a significant predictor of self esteem and life satisfaction, however, the directionality of the relationship was negative (Utsey et al., 2000).

This study also assessed the Immersion-Emersion stage of the CRIS model. In this stage, the first experience is immersing oneself into the Black culture followed by a recognition of this experience being a period of transition and need for growth and development of one's identity. In this stage, the results suggested that it was related to more avoidance coping strategies when dealing with race-related stress. Research has suggested that the preference for avoidance coping may be motivated by the feelings of diminishing a person's self concept (Feagin, 1991). Theoretically, this may be applicable if an individual is growing and maintaining their racial identity.

The last racial identity stage that was a part of this study was the Internalization stage. This stage represents a sense of confidence with one's ethnicity and more self acceptance. During this phase, race and culture tend to have more salience in everyday life. The two identities that make up the internalization stage are afrocentricity and multiculturalist. In this study, these two identities did not correlate well enough to create one variable for the internalization stage. Therefore, the two identities, afrocentricity and multiculturalist, were viewed as two different stages in the racial identity model. It was hypothesized by Vandiver et al. (2002) that there may be a possible existence of a

new internalization multicultural identity. This identity has a positive Black reference group orientation; however, this group is not interested in establishing coalitions beyond racial minority groups (Vandiver et al., 2002).

Results of this study suggest that the afrocentricity and multiculturalist identities in the internalization stage are related to problem solving coping. Problem solving coping was not a significant predictor of race-related stress suggesting that this type of coping mechanism reduces the perception of stress associated with a race-related event. It has been hypothesized to serve as an effective strategy for coping with racism (Brondolo et al, 2009b).

In the literature, racial identity status may explain how schemas, affective states, and behaviors can be classified according to racial identity status that individuals either accept or reject (Carter, 2007). Few studies have examined racial identity's influence on race-related stress and coping styles. One study examined if racial identity status was predictive of perceived stressors and coping styles in Black college students. The Pre-Encounter stage showed individuals with a greater perception of race-related stressors, which, is contradictory to what was found in this study. Individuals in the Immersion-Emersion stage were found to have an increased perception of stressors, greater use of suppressive coping styles, and lower levels of psychological health. This is somewhat similar to the findings in this study. Finally, the Internalization stage was associated with less awareness or race-specific stressors, also contradictory to this study (Neville, Heppner, & Wang, 1997). Other studies have shown that racial identity was associated with perceptions of discrimination, particularly, those who identified with the Black



culture experienced more discrimination (Sellers & Shelton, 2003). In addition, the Encounter stage has been shown to show lower levels of perceived stress than the Immersion-Emersion and the Internalization stage (Watts & Carter, 1991); and the Preencounter stage was related to more psychological distress. The Internalization stage was related to psychological well-being in the literature (Franklin-Jackson & Carter, 2007).

### *Implications*

The results suggest that is important for clinicians to understand the dynamics of racial identity status and how this impacts their perception of stress. African Americans are exposed to several types of racism. Individually, they are exposed to discrimination, culturally they may be forced to adapt to the dominant culture, and institutionally they may have difficulty obtaining jobs, education or access to good healthcare (Franklin-Jackson & Carter, 2007). Research has suggested that the psychosocial effects of racism can produce levels of conscious and unconscious stress in African Americans (Carter, 2007). When considering race-related stress, general well being is facilitated by eliminating the stressor, changing an individual's perception of the stressor, or strengthening the internal and external resources to effectively deal with the stressor (Harrell, 2000). Since the effects of racism can become a chronic stressor, it is important for clinicians to consider the influence race-related stress may have on mental health. Race-related stress is considered a significant mental health concern regardless of whether or not experiences are seen as objective or subjective.

Understanding the dynamics of culture should be considered when working with clients. The different theoretical orientations clinicians use when developing a formulation should be heavily influenced by a social/cultural orientation. Many theorists have created theories of multicultural counseling to advance the treatment of ethnically and racially diverse clients. These theories usually consider different cultural aspects such as: problem conceptualization and attitudes toward helping, cultural identity, level of acculturation, family structure and expectations, level of racial identity development, experience with bias, spiritual issues, counselor characteristics and behaviors, and implications between counselor and client. In considering this study, assessing an individual's racial identity status is of particular interest. Racial identity status can be viewed as an important psychological filter for perceiving race-related stress (Franklin-Jackson & Carter, 2007). When trying to understand the impact of race-related stressors on African Americans, it is necessary to develop a conceptualization that begins with a good cultural formulation which integrates culture and other psychological dynamics to create treatments and interventions.

In addition, understanding the different dimensions of coping resources and what may be adaptive or maladaptive is useful for clinicians when treating individuals dealing with race-related stress. Understanding the many coping mechanisms that African Americans may use is helpful when determining what is beneficial for clients, especially when trying to figure out alternative coping methods. It may be empowering for the client to consider alternative coping methods such as collective coping efforts, and engagement in support networks. Identifying role models for coping with racism may be

helpful strategies to explore (Harrell, 2000). It is important to be mindful of the fact that experiences of racism may be interpreted in many ways which might require the use of different coping strategies. Also, interventions that identify and strengthen different socio-cultural variables such as racial identity, family resources, and cultural values may be very effective for clients struggling with situations dealing with racism. When racial issues can be mutually understood early in therapy it may establish trust and strengthen the therapeutic alliance to allow for exploration of other issues.

The clinician may also need to reflect upon their own biases and prejudices to determine how they might interfere with an effective treatment. Without a self appraisal, the clinician cannot formulate a useful case formulation and a complete understanding of the client's worldview and how stressors of the world may affect the client. When there is a lack of information, appropriate treatment may not be provided resulting in ineffective treatment, poor therapeutic alliance, and premature termination. These consequences may produce more harm and even be traumatizing to an individual especially if they are already dealing with chronic stressors in life and initial concerns about the mental health field.

### *Limitations*

Several limitations should be kept in mind when interpreting these results. In terms of external validity, it is unclear if the results can be generalized due to a nonrandom sample of African Americans which may have differed in terms of demographic or others aspects from the population at large. Also, an individual difference correlational design was used, so inferences about causality cannot be made.

Another limitation concerns the instrumentation. Due to low path loadings on some of the measures, some items were eliminated based on confirmatory factor analysis for this particular study. Reliability coefficients for this study are reported in the measures section. In addition, the race-related stress measures were based on retrospective responses. They were asked to recall events in the past, however, this may have been difficult to remember the stress associated with the event. The self report questionnaires used in the study were also based on subjective experiences and personal judgment. It is possible there may be considerable ambiguity when determining race related experiences. Future research is encouraged to gain a more thorough understanding of the complexity of how racial identity status affects an individual's perception of race-related stress, coping styles, and psychological well being.

### *Conclusion*

Despite the limitations, the study showed the importance of understanding how racial identity status impacts how an individual deals with race-related stress. This research found support for the specific prediction that racial identity status plays a major role in the perception of race-related stress and how one handles this stress. Based on these results, African Americans perception of discrimination and racism is more complex dynamic that should be researched further. It is evident that there are individual differences in the way people in the Black community view racism and how this view impacts their psychological well-being.

It is encouraged that counseling psychologists continue to explore alternative ways of coping when considering working with African Americans. Directions for

future research may incorporate looking at different variables such as age, gender, and geographic location to look at differences in racial identity status. Research on strategies for coping with racism is essential to choose methods that are effective and reduce the impact of racism on mental health.

Table 2: Distribution by Age

Age	18-30	31-40	41-50	51-60	61-78	Missing Data
Percentage	41%	20%	14%	15%	5%	4%

Table 3: Distribution by Community

Community	Rural	Suburban	Urban	Other	Missing Data
Percentage	10%	37%	50%	2%	1%

Table 4: Distribution by Racial Identity Stage

Identity	Assimilation	Miseducation	SH	Immersion	Afrocentricity	Multiculturalist
Percentage	22%	21%	19%	9%	18%	18%



#### 4. THE RELATIONSHIP BETWEEN COPING STYLES, RACE-RELATED STRESS, AND MENTAL HEALTH IN AFRICAN AMERICANS

African Americans face a number of threats to their mental health. Members of racial/ethnic groups report negative experiences of racial discrimination frequently and across a wide variety of life domains including housing, education, employment, and treatment within the criminal justice system (Feagin, 1991; Landrine & Klonoff, 1996). These experiences may be conceptualized as stressors. Stress is defined as a person-environment, bio-psychosocial, interaction where environmental events (stress) are appraised first as positive or negative. If the appraisal of the stressor is negative, a coping response to adapt to the situation is needed (Carter, 2007). Racism or perception of racism is a stressor that may contribute to mental health problems in ethnic minorities (Brondolo, Brady ver Halen, Pencille, Beatty, & Contrada, 2009a). Research has shown a relationship to racism and mental health impairments including: low self-esteem, depression, and anxiety (Brondolo et al., 2009a; Landrine & Klonoff, 1996). This paper seeks to understand which coping styles are associated with positive outcomes in race-related stress and mental health.

Racism can be considered a chronic stressor due to the many forms, which may require a range of coping resources to manage the practical and emotional aspects related to the stressor. The use of coping resources may depend on the emotional demands and the context in which the racial stressor arises. Emotional aspects may include feelings of anger, nervousness, sadness, and hopelessness (Carter, 2007). Psychological issues may

also include short and long term effects and the impact racism has on an individual's family, friends and ethnic group.

#### 4.1 Racism and Race-Related Stress

The experience of race-related stress can have negative outcomes on mental health. Race-related stress has been defined as race-related transactions between individuals or groups and the environment that emerges from the dynamics of racism or discrimination, and that are to tax or exceed existing individuals and collective resources or threaten well being (Harrell, 2000). Race-related stress consists of stress reactions to overt racist events. Race-related stress can be experienced in multiple ways, it is suggested that the experience of racism is multidimensional and can be classified using a tripartite typology (Jones, 1997). The overt events as theorized by Utsey are Cultural Racism, Institutional Racism, and Individual Racism. Collectively, the interactive effects of individual, institutional and cultural racism suggest disparities between different cultural groups. Research shows racial disparities in educational achievement, unemployment rates, incidence and prevalence of disease, and treatment in the criminal justice system (Harrell, 2000).

The first type of racism that individuals can experience is individual racism. Racism may be experienced through direct and vicarious experiences of racism and discrimination. With this type of racism, African Americans are more likely to experience racial discrimination on a personal level. Interactions may be verbal, nonverbal behavior, or observations of others' actions. This may also include social

exclusion in which individuals are excluded from social interactions, rejected, or ignored because of their ethnicity or race. Several studies have suggested that individual racism has led to lower levels of life satisfaction, lower levels of self esteem, diminished quality of life and negative health behaviors (Harrell, 2000).

The second type of racism is referred to as institutional racism. Institutional racism is experienced when social or institutional policies may exclude a race from full participation in the benefits offered to other members involved in society. For example, African Americans may be treated with less respect, ignored, or denied access to, when seeking opportunities such as housing, employment, or services within institutions (Lewis-Coles & Constantine, 2006). Research has shown that institutional racism was a significant but negative predictor of mental health and individuals with poorer mental health experienced more stress related to institutional racism (Utsey et al., 2002).

The last type of racism is cultural racism. This occurs when the cultural practices of the dominant group are generally regarded by society as being superior to the culture of a minority group (Jones, 1997). Cultural Racism is something that can be observed by taking into account American history. Most contributions from African Americans in American history are ignored when learning history in the school system (Utsey et al., 2000). This may also be impressed when non-dominant ethnic groups may or may not be portrayed in the news and entertainment media, and art and literature. Racism may also be manifested through political debate on race, race ideology and policies and strategies within institutions. Research suggests that exposure to cultural racism may affect life experiences, external circumstances, internal characteristics, and behavior of

individuals from different ethnicities (Harrell, 2000). In addition, cultural racism has been related to lower levels of quality of life and men had higher levels of race-related stress when considering cultural racism (Utsey et al., 2002).

Race-related stress also consists of reactions to subversive racial events. Subversive events are defined as microaggressions and are conceptualized by Sue et al. 2007. Daily racism microstressors are described as, “microaggressions that include subtle, innocuous, preconscious or unconscious degradations and putdowns (Pierce, 1995). Racial microaggressions are similar to unconscious racism but are broader, and focus on everyday manifestations (Sue, Capodilupo, Torion, Bucceri, Holder, et al., 2007). These microaggressions may be considered unintentional offenses, however, suggest a hidden demeaning message to the person of color which creates a tension suggesting that racism may occur. Examples of microaggressions are microinsults, microinvalidations and environmental microaggressions.

Microinsults are behavioral and verbal expressions that insinuate rudeness and insensitivity and demean an individual’s racial identity. For example, when an employer might ask questions to a person of color such as, “I believe the most qualified person should get the job, regardless of race” or “How did you get your job?” The underlying message may suggest that people of color are not qualified or the position was obtained through affirmative action and not because of ability. Microinsults may also occur non-verbally when someone in a position of authority fails to acknowledge a person of color (Sue et al., 2007).

This type of aggression tends to suggest that an individual's contributions are unimportant (Sue et al., 2007). The conflict between explicit and implicit messages in microaggressions may create confusion and stress in regards to how to interpret, resist oppression, or accommodate it (Sue et al., 2007). Research has shown that consequences from microaggressions include feelings of powerlessness, invisibility, forced compliance, loss of integrity, and pressure to represent one's racial group.

Microinvalidations typically invalidate, negate and diminish the psychological thoughts, feelings, and racial identity of African Americans (Sue et al., 2007). These acts may not be confronted often but the accumulation of microstressors can cause a great deal of stress for an individual. For example, when a person of color is told, "I don't see color" this may negate their experience as racial/cultural beings. In addition, many times these offenses are labeled as non racial and can be minimized by others which increase the stress in ethnic minorities. These microaggressions may lead to racial anger, mistrust, loss of self-esteem, and create conflict in race-relations (Sue et al., 2007).

Environmental microaggressions are described as, "racial assaults, insults and invalidations which are manifested on systemic and environmental levels (Sue et al., 2007). These consist of microinsults, microassaults, or microinvalidations on a macro-level. These types of aggressions are more apparent on systemic and environmental levels. An example of this may be an overabundance of liquor stores in communities of color. These microaggressions are harmful to people of color because they may impair performance in a variety of settings by creating inequities and affecting the mental health of individuals (Sue et al., 2007).

## 4.2 Coping

Coping resources are important to assess to determine which strategies may be more helpful when dealing with race related stress. Factors that might influence the effect of a coping resource on a racial event may include the intensity and nature of the threat, the perceived intentionality of the perpetrator, the potential consequences of the act and coping response, and the need to use several different coping resources to address the situation (Brondolo, Brady, Thompson, Tobin et al, 2008). Different types of coping resources may be used at different stages of the event or in anticipation of a racial event. Recent studies have utilized frameworks of coping that are more closely tied to theories of stress and coping which include problem focus coping, emotion focused coping, avoidance and seeking social support (Danoff-Burg et al., 2004; Thompson, Sanders, 2006; Utsey, & Payne, 2000).

Amirkhan (1990), proposed a model of coping which consists of problem solving coping, seeking social support, and avoidance coping. Problem-focused coping involves actions designed to directly alter the environment that is harmful, threatening or challenging. It is aimed at finding a solution to the problem, cognitive reframing, or minimizing the effects of the problem. Emotion focused coping involves managing internal states through defensive reappraisals where the significance of the event is distorted or misjudged and the significance of the event is reduced. This may include emotional responses, withdrawal, and fantasizing (Mellor, 2004). Seeking social support is the third coping strategy. This involves seeking friends and family members not

necessarily for help in resolving the problem, but simply for the comfort such contact provides (Amirkhan, 1990).

Seeking social support has been defined as, “the presence or availability of network members who express concern, love, and care for an individual and provide coping assistance” (Sarason et al., 1983). This coping mechanism involves communication with others about events or experiences. Social support has been cited as beneficial for physical and psychological health and promotes a sense of security and connectedness, and helping individuals to understand discrimination as a shared experience (Symister & Friend, 2003). One study found that in a sample of Black college students 68% used family, friends or others as a social support after a racial incident (Swim et al., 2003). Social support has been hypothesized to serve as an effective strategy for coping with racism, however, there is limited empirical research supporting this hypothesis (Brondolo et al., 2009a). Some research suggests social support may increase distress when discussing discrimination. Discussions may arouse greater anger or anxiety and if situations appear hopeless, other emotions such as fear, frustration, grief, shame and loss may be experienced (Utsey et al., 2002).

Avoidance coping falls under the umbrella of emotion focused coping. Avoidance coping reflects tendencies to escape the problem, both by means of physical and psychological withdrawal (Amirkhan, 1990). A study conducted by Utsey et al., 2000, found that women preferred avoidance strategies significantly more than problem solving and seeking social support. In addition, the study showed that avoidance coping was a predictor of self-esteem and life satisfaction, however, the directionality was

negative. Avoidance was a common response for African Americans who had experienced discrimination. This coping strategy has not been researched much in the literature concerning race related stress. However, it is an important coping mechanism to consider when thinking about race related stress to determine the consequences of avoiding race-related stress.

Problem solving coping, is an approach involving planning and implementation of steps to remediate the problem (Amirkhan, 1990). Problems solving coping has been associated with “fight” tendencies as a basic human reaction to threat (Amirkhan, 1990). Confrontation may be used to influence the outcome of a race related situation or to alter the behavior of the perpetrator (Swim et al., 2003). Another goal of problem solving coping may be to handle the stress and the emotional burden caused by the race related interaction. Studies have shown that problem solving coping have mediated the effects of depression and individuals were less likely to ruminate on the incident (Noh et al., 1998).

In general, research suggests that problem focused coping is associated with better psychological outcomes than strategies such as avoidance, resignation and withdrawal, which may lead to increased distress (Mellor, 2004). As various coping strategies have implications on mental health outcomes, it is important to understand what influences the choice of coping strategies. A recent study on African American college students’ coping strategy choice found that choice was dependent on Black racial identity status (Hurst, 2010). Racial identity stages pre-encounter and immersion-emersion predicted avoidance coping where racial identity stage internalization predicted



more problem solving coping behavior. In addition, problem solving coping did not predict race-related stress, whereas, avoidance coping and seeking social support predicted higher levels of race-related stress.

#### 4.3 Purpose of the Study

The purpose of this study is to examine the relationship between race-related stress, coping styles and how it may affect African Americans mental health. It is predicted that race-related stress will lead to more distress in African Americans. It is also hypothesized that problem solving coping will reduce distress but avoidance coping and seeking social support will predict more psychological distress.

#### 4.4 Method

##### *Participants*

A total of 295 African American males and females over the age of 18 were included in this study. Participants were representative of several geographic regions throughout the U.S. including the Midwest and the south. Participants reported the following communities: rural (10%), suburban (37%), urban (50%), other (2%), and missing (1%). The racial composition of their current community consisted of: mostly Black (46%), mixed (29%), mostly White (23%), missing data (2%). Of the 295 participants, 195 were women and 96 were men. The participants ranged from 19 to 78 with a mean age of 37 and a standard deviation of 13. The breakdown of age is as follows: 12-30 (41%), 31-40 (20%), 41-50 (14%), 51-60 (15%), 61-78 (5%), missing

(4%). Participants reported income between the range of less than 10,000 and over 60,000 with a mean between 40,000 and 60,000. Household income was distributed as follows: 1.7% were below 10,000, 5.8% were between 10,000 and 20,000, 6.6% were between 20,000 and 30,000, 8.5% were between 30,000 and 40,000, 20.4% were between 40,000 and 60,000, and 55% were over 60,000. In reporting education levels, over 80% of the participants received a bachelors' degree. In the current study, 17% were undergraduate students, 26% were graduate students, and 57% were currently not enrolled in school.

#### *Data Collection*

Participants were recruited from both the community and at universities. Community organizations included churches, and non-profit organizations supporting the African American community and universities. To be included in the study, participants needed to report their ethnicity as African American. The data was collected using a web based survey design to avoid data input errors and insure accurate results. List-servs of African American organizations on universities were utilized to recruit students from the university to participate in the study. Participants had approximately two weeks to fill out the web designed survey.

#### *Measures*

*Race-Related Stress.* Two measures were used to assess the overt and subversive events that can be experienced as stressful. The Index of Race-Related Stress-Brief Version (IRRS-B; Utsey, 1999) is a 22 item measure designed to assess more overt race-related stressors experienced by African Americans in their daily lives. The respondents

are asked to evaluate overt race-related situations that they or someone close to them has experienced and rate how distressing it was for them. These ratings are recorded on a 5 point scale ranging from (0= *this never happened to me* to 4= *event happened and I was extremely upset*). The measure has three subscales and a total score. The subscales consist of: Cultural Racism (10 items), Institutional Racism (6 items), and Individual Racism (6 items). An example of an item on this measure is, "You have observed situations where other Blacks were treated harshly or unfairly by Whites/or Non-Blacks due to their race." Higher scores indicate greater levels of race-related stress. Utsey (1999) found that the internal consistency reliability coefficients for this measure are: cultural=.78, institutional=.64 and individual racism=.74. Cronbach's alpha coefficients were: .81 for Cultural Racism and .79 for Individual Racism (Utsey et al, 2008). In this study, the reliability coefficients for the subscales were: Cultural Racism=.85, Institutional Racism=.76, and Individual Racism=.70.

Questions were developed to create a scale assessing for racial microaggressions. Racial microaggressions are a more subtle form of racist behaviors that can be both intentional or unintentional (Sue et al. 2007). Based on key phrases used by Sue et al.'s demonstration of microaggressions, a 20 item measure was developed. The respondents were asked to evaluate race-related situations that they or someone close to them has experienced and rate how distressing it was for them. These ratings are recorded on a 5 point scale ranging from (0= *this never happened to me* to 4= *event happened and I was extremely upset*). An example of an item on this measure is, "I am not a racist. I have several Black friends." Higher scores on this measure indicate

greater levels of race-related stress. Exploratory factor analysis was performed to derive factors from the 20 items. Based on factor loadings 3 factors were created based on the following criteria: items in each factor were required to have regression weights greater than .3, and at least three items were required per factor. After performing the factor analysis, three factors were created: Micro-Insult, Micro-Invalidation, and Environmental Micro-aggression, which aligns with Sue et al.'s theory of racial microaggression. In this study, Cronbach alpha coefficients were as follows: .76 (95% CI= .71, .80) for Micro-Insult, .83 (95% CI=.78, .85) for Micro-Invalidation, and .66 (95% CI = .59, .72) for Environmental Micro-aggression.

*Psychological Distress.* The Kessler Psychological Distress Scale (K10; Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, Walters, & Zaslavsky, 2002) is a 10-item measure used as a screening tool to measure psychological distress and a way to monitor progress following treatment for disorders such as depression and anxiety. The K10 has been widely used as a screening instrument to identify cases of anxiety and depression. The respondents are asked to measure negative emotional states experienced during the 4 week period previous to the assessment. The ratings are recorded on a 5 point scale ranging from (1= *none of the time* to 5= *all of the time*). The K10 has a set of cut-off scores to measure psychological distress ranging from 0 to 50 indicating if an individual is likely to have a mental disorder or not. The reliability coefficient in this study for the K10 scale was .89.

*Coping Mechanisms.* The Coping Strategy Indicator (CSI; Amirkhan, 1990) is a 33 item self report measure of coping strategies used by individuals dealing with

stressful situations. The CSI consists of three coping strategy subscales: problem solving (11 items), seeking social support (11 items), and avoidance (11 items). The respondents are asked to recall a stressful event that involved racial discrimination. Respondents are then asked to indicate the extent to which they used the coping strategies listed in dealing with the stressful event. The responses are recorded on a 3 point scale ranging from (1= *a lot* to 3= *not at all*). Higher scores on the subscales suggest more use of the particular coping mechanism. The internal consistency for the CSI subscales are: .93 for seeking social support, .89 for problems solving and .84 for avoidance. Test-retest reliability was found in a student and community sample: .83 and .77 for the problem solving scale, .80 and .86 for the seeking social support scale, and .82 and .79 for the avoidance scale. In a study by Utsey et al, 2000, Cronbach's alphas for the subscale were .87 for problem solving, .89 for seeking social support, and .80 for avoidance (Utsey et al, 2000). The reliability coefficients for the subscales in this study were as follows: Problem Solving=.881, Seeking Social Support= .93, and Avoidance=.82.

*Racial Identity.* The Cross Racial Identity Scale (CRIS) is a 30-item instrument used to measure six of the nine racial identity statuses in the Nigrescence theory. The six subscales are pre-encounter assimilation (PA), pre-encounter miseducation (PM), pre-encounter self-hatred (PSH), immersion-emersion anti-White (IEAW), internalization Afrocentricity (IA), and internalization multiculturalist inclusive (IMCI). Each scale is measured by five items using a 7 point scale. Higher scores reflect stronger endorsements of the attitudes of the subscales. Scores on the six subscales have

moderate to high internal consistency coefficients of .78 to .90. Reliability estimates for the scores for the CRIS have ranged from .59 to .91 (Vandiver, Cross, Worrell, & Fhagen-Smith, 2002). The reliability coefficients for the subscales in this study were as follows: Assimilation= .87, Miseducation=.77, Self Hatred=.86, Immersion-Emersion=.85, Afrocentricity=.84, Multiculturalist=.84.

*Demographic Questionnaire.* The participants in this study were given a demographic questionnaire requesting background information. The participants were asked to indicate age, sex, socioeconomic status, education status, religious background, and family income.

#### 4.5 Results

##### *Analysis*

To address the primary research questions, the researcher tested the fit of the data to the model shown in Figure 2. The structural equation modeling (SEM, maximum likelihood) procedures of AMOS were adapted to assess model fit, and SPSS 12.0 was used to analyze the descriptive statistics, the bivariate correlation coefficients, and the internal consistency. The commonly used indices and the suggested values for assessing the model fit include chi-square ( $\chi^2$ ), root mean square error of approximation (RMSEA  $\leq .08$ ), and comparative fit index (CFI  $> .90$ ). Since  $\chi^2$  is very sensitive to sample size,  $\chi^2/\text{degree of freedom}$  ( $< 5$ ) was also used to assess the model fit (Kline, 2005).

Before the estimation of the latent structural models, the normality of the univariate and multivariate distributions of the measured indicators were examined. Not

Figure 2  
 SEM Model 2: Coping and Mental Health  
 \* $p < .05$ . \*\* $p < .01$ .

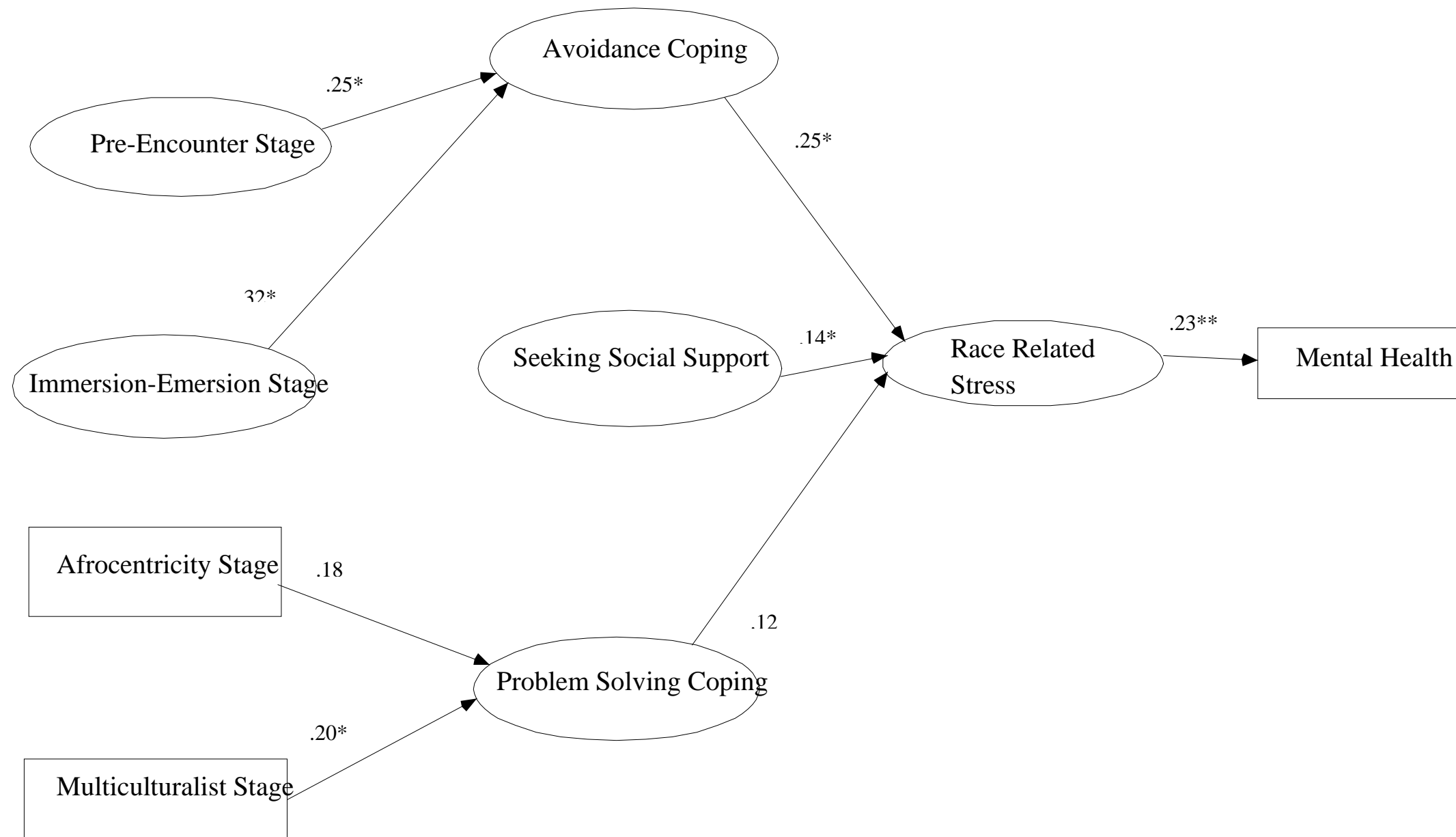


Table 5: Correlations for Study 2 Variables  
Means, Standard Deviations, and Correlations for the Study Variables

[illegible]



all of the distributions of the variables were normal. Because of this, some items were removed from the model. However, construct validity was assessed for the revised variables. For the revised observed variables, skewness ranges from -1.50 to 2.11, kurtosis ranges from -1.28 to 3.85. Kline (2005) suggested that only a skewness value  $>3$  and a kurtosis value  $>10$  would influence the results. Therefore, a maximum likelihood estimation procedure, an estimation method ro-bust to the violation of the multivariate normal distribution assumption, was used for the parameter estimation in the SEM analysis. The two-step SEM process was followed, in which the first step confirmatory factor analyses explored the measurement model by examining the fit of the indicators to their latent constructs. In the second step, the measurement model was used to determine the relationships among the latent constructs in the structural model. In both the measurement and structural model, a correlation matrix was used to enter data into AMOS.

### *Measurement Model*

The measurement model was evaluated to determine how well the observed variables combine to represent the underlying latent constructs of the model. Findings from this initial test of the measurement model indicated that the hypothesized model had a good fit to the data. The evaluation was based on chi square:  $\chi^2 = 840$ ,  $df = 506$ ,  $p < .01$ , RMSEA = .05, CFI = .92,  $\chi^2/df = 1.66$ . The item loading to latent variables ranged from .65 to .85, indicating good convergent validity. The U value (latent variable covariance matrix) of variables ranged from .30 to .67, all less than .85, and none of the confidence intervals included 1, indicating good discriminant validity. The reliability

coefficients for the variables ranged from .60 to .94. The results provide evidence for the distinctiveness of the constructs and an adequate model fit in this study.

### *Structural Model*

Scale means, standard deviations, and intercorrelations for the full sample are reported in Table 2. This research tested the fit of the structural model shown in Fig. 2. Analysis of the structural model yielded evidence of a good fit model:  $\chi^2 = 996$ ,  $df = 545$ ,  $p < .01$ ,  $\chi^2/df = 1.83$ , RMSEA = .05, CFI = .90. Path relation estimates are shown in Fig. 1. As shown in Fig. 1, this research found support for the specific prediction that race-related stress leads to psychological distress. Racial identity status plays a major role in the perception of race-related stress and racial identity status also plays a role in determining the type of coping mechanism used when dealing with race-related stress.

One of the research questions was to determine if race-related stress affects mental health. Race-related stress had a positive direct effect with mental health ( $\beta = .23$ ), this path was significant at the .01 level ( $p < .01$ ). Results also showed that certain coping mechanisms lead to greater perceptions of race-related stress. We predicted that avoidance coping would lead to greater perceptions of race-related stress. When considering avoidance coping, there was a positive direct effect with the latent variable race-related stress ( $\beta = .25$ ). This prediction was statistically significant at the .01 level ( $p = .002$ ). This suggests that individuals who are more likely to use avoidance coping experience more psychological distress. The seeking social support coping mechanism had a positive direct effect on race-related stress ( $\beta = .14$ ) which was significant at the .05 level ( $p = .03$ ). This coping resource appears to predict more

psychological distress as well. Finally, when considering problem solving coping there was a positive direct effect to race-related stress ( $\beta = .12$ ). This prediction was not statistically significant suggesting that problem solving coping is not a predictor of psychological distress.

Also, the model shows that racial identity status affects the way individuals cope with race-related stress. The Internalization stage in the racial identity theoretical model was separated into two different statuses in the SEM model. Afrocentricity and Multiculturalist make up the Internalization stage; however, these two identities did not correlate well enough to make one latent variable (Internalization). Both afrocentricity and multiculturalist were predictors of problem solving coping. The path between afrocentricity identity and problem solving coping was a positive direct effect ( $\beta = .18$ ). This path was statistically significant at the .05 level ( $p = .004$ ). The path between multiculturalist and problem solving coping was a positive direct effect ( $\beta = .20$ ). This path was statistically significant at the .05 level ( $p = .002$ ). The Internalization stage was a significant predictor of problem solving coping when dealing with race-related stress.

The path between Immersion-Emersion and seeking social support coping had a positive but small direct effect ( $\beta = .07$ ). The prediction of individuals in the Immersion-Emersion stage using social support as a coping resource is not statistically significant. The path between the Immersion-Emersion stage and avoidance coping was a positive direct effect ( $\beta = .32$ ). Therefore, it seems that the Immersion-Emersion stage was a predictor of avoidance coping and not seeking social support. When considering the Pre-encounter stage, there was a positive direct path between avoidance coping ( $\beta = .25$ ).

The prediction of individuals in the pre-encounter stage using avoidance coping was statistically significant at the .05 level ( $p = .002$ ).

Path coefficients for the latent variables in the model were as follows. For the race-related stress variable the four observed variables consist of path coefficients: .65, .70, .79, .83. The observed variables for the Pre-encounter latent variable the path coefficients were between .485-.899. For the Immersion-Emersion latent variable, the path coefficients were between .76 and .79. The avoidance path coefficients ranged from .56 to .70. The seeking social support coefficients were between .69 and .83. Finally, the problem solving coefficients were between .60 and .74.

#### 4.6 Discussion

The aim of this study was to understand how coping mechanisms affect an individual's psychological well-being when dealing with race-related stress. African Americans may use several different coping styles to respond to potentially stressful effects of racism. Certain coping styles may produce outcomes leading to either psychological well-being or psychological distress when considering mental health. This research found support for the prediction that specific coping styles lead to more psychological distress. In addition, racial identity status plays a role in determining the type of coping style used when dealing with race-related stress. The independent model fit the data adequately, and most path coefficients were significant in the hypothesized direction. We hypothesized that race-related stress would lead to psychological distress and that the use of avoidance coping mechanisms would predict more stress due to a

race-related event. In addition, we hypothesized that problem solving coping would lead to less distress.

Avoidance coping may be associated with suppression of potential racial stressors or distorting accurate perceptions of the racial stressor. This coping strategy may also be associated with the lack of confidence in an individual's ability to problem solve resulting in an avoidance of situations or avoiding developing solutions to deal with stressors. This lack of confidence or suppression of stressors leads to cognitive inflexibility within the individual. Previous studies have shown that avoidance coping was a significant predictor of self esteem and life satisfaction, however, the directionality of the relationship was negative (Utsey et al, 2000). In this study, there was a strong relationship with avoidance coping and race-related stress. Since race-related stress predicted more psychological distress; it appears that this coping resource leads to general distress as well. Also, avoidance coping was significantly related to the Pre-Encounter stage of racial identity theory. This stage is characterized by identities with either race not seen as a problem or that being Black is an experience that is more of a problem. The measures that were used to assess this identity focused on individuals who view themselves or their community in a negative manner due to their race. Results also indicated that avoidance coping was significantly used with individuals in the Immersion-Emersion stage of the racial identity model. In this stage, the first experience is immersing oneself into the Black culture followed by a recognition of this being a period of transition and need for growth and development of one's identity. Research

has suggested that the preference for avoidance coping may also be motivated by the feelings of diminishing a person's self concept (Feagin, 1991).

Seeking social support usually involves communication with others such as family, friends, and members of the community concerning stressful events or experiences. Research has shown that social support can be beneficial for physical and psychological health (Symister & Friend, 2003). In regards to race-related stress, social support may provide a sense of security with the understanding that this is a shared experience. Depending on racial identity status, conceptualizing the stressful event or experience in a collective context may help an individual feel more connected to their cultural group (Brondolo et al., 2009b). Although many positive results have been shown using this coping resource, there are mixed results in the literature regarding the outcome of using seeking social support as a coping resource. In this study, seeking social support was related to race-related stress. The results suggest that this coping resource may lead to psychological distress as well.

The last coping resource assessed in this study was problem solving coping. Problem solving coping can be viewed as developing solutions that are geared toward managing or altering the problem or stressor in some way (Lazarus & Folkman, 1984). Problem solving coping relies on an individual's ability to analyze complexities of problems and resolve external and internal stressors. In addition, problem solving coping requires confidence in flexible thinking and accurate appraisal of racial stressors (Neville et al., 1997). Research suggests that problem focused coping is associated with better psychological outcomes and has been hypothesized to serve as an effective

strategy for coping with racism (Brondolo et al., 2009b). In this study, problem solving coping was not related to race-related stress. The results indicated that problems solving may not increase psychological distress. This coping resource was significantly related to the Internalization stage. Individuals in this stage reported more use of problem solving coping strategies.

In the literature, racism has been viewed as a potential source for stress. An individual does not necessarily need to feel racial discrimination to experience stress. Racial stress may result from an individual's assessment of a mal-adjusted person-environment fit. The person-environment fit can be a major source of stress for an individual. Coping may be characterized appraisals an individual makes in relationship to their environment (Plummer & Slane, 2006). Understanding coping styles which produce positive outcomes when considering mental health and psychological distress is essential to adequately deal with race-related stress.

### *Implications*

The results suggest that is important for clinicians to understand how coping resources affect mental health in individuals dealing with race-related stress. African Americans are exposed to several types of racism. Individually, they are exposed to discrimination, culturally they may be forced to adapt to the dominant culture, and institutionally they may have difficulty obtaining jobs, education or access to good healthcare (Franklin-Jackson & Carter, 2007). Understanding the different dimensions of coping resources and what may be adaptive or maladaptive is useful for clinicians when treating individuals dealing with race-related stress. This may help determine what is

beneficial for clients, especially when trying to figure out alternative coping methods. It is important to be mindful of the fact that experiences of racism may be interpreted in many ways which might require the use of different coping strategies. Also, interventions that identify and strengthen different socio-cultural variables such as racial identity, family resources, social support and cultural values may be very effective for clients struggling with situations dealing with racism.

Understanding the dynamics of culture should be considered when working with clients. The different theoretical orientations clinicians use when developing a formulation should be heavily influenced by a social/cultural orientation. When trying to understand the impact of race-related stressors on African Americans, it is necessary to develop a conceptualization that begins with a good cultural formulation which integrates culture and other psychological dynamics to create treatments and interventions. When racial issues can be mutually understood early in therapy it may establish trust and open the door for the exploration of other issues. Considering racial identity attitudes may be helpful to explore culture-specific stressors an individual may be experiencing and their perception of different race-related events. This may help the clinician provide psycho-education around racial identity and how it impacts the stress of a race-related event, and develop appropriate intervention. By validating an individual's experience, this may provide an avenue for open dialogue concerning race-related events, how they are handled by that individual and what are the main coping resources used. This may promote healthier beliefs about one's racial identity which creates positive general psychological well-being, stimulates a more complex



understanding of the situation, and may facilitate more problem solving when encountering race-related events (Neville et al., 1997).

### *Limitations*

Several limitations should be kept in mind when interpreting these results. In terms of external validity, it is unclear if the results can be generalized due to a nonrandom sample of African Americans which may have differed in terms of demographic or others aspects from the population at large. Also, an individual difference correlational design was used, so inferences about causality cannot be made. Another limitation concerns the instrumentation. Due to low path loadings on some of the measures, some items were eliminated based on confirmatory factor analysis for this particular study. Reliability coefficients for this study are reported in the measures section. In addition, the race-related stress measures were based on retrospective responses. They were asked to recall events in the past, however, this may have been difficult to remember the stress associated with the event. The self report questionnaires used in the study were also based on subjective experiences and personal judgment. It is possible there may be considerable ambiguity when determining race related experiences. Future research is encouraged to gain a more thorough understanding of the complexity of how racial identity status affects an individual's perception of race-related stress, coping styles, and psychological well being.

### *Conclusion*

Despite the limitations, the study showed the importance of understanding how coping impacts how an individual deals with race-related stress. This research found

support for the specific prediction that racial identity status plays a major role in the perception of race-related stress and how one handles this stress. The study also showed that certain coping resources may lead to more psychological distress. By looking at racial identity, it is apparent that African Americans view race-related events differently and their identity status may impact their choice in coping resources and their psychological functioning. It is encouraged that counseling psychologists continue to explore alternative ways of coping when considering working with African Americans dealing with race-related stress.

## 5. SUMMARY AND CONCLUSIONS

### 5.1 Summary

A growing number of researchers have argued that racism is a pervasive factor adversely influencing the health of African Americans. Racism is a stressor that continues to affect racial/ethnic minorities and contributes to health disparities both mentally and physically (Clark, Anderson, Clark, Williams, 1999). Because of this, experiences of racism can be stressful, which will ultimately have a negative impact on physical and mental health. Since the effects of racism can become a chronic stressor, it is important for clinicians to consider the influence race-related stress may have on mental health. Race related stress is considered a significant mental health concern regardless of whether or not experiences are seen as objective or subjective.

Section two of the dissertation presents a critical literature review of views of racism and race-related stress, theories for stress, and how racial identity status influences the perception of racism. It also considers individual strategies for coping with racism, as well as, major approaches to coping that have received sufficient research in regards to their effectiveness for mental and physical outcomes. The aim of this section was to identify the multiple pathways by which racism can affect mental health, report the current research addressing this problem, and discuss implications for clinicians.

Since the effects of racism can become a chronic stressor, it is important for clinicians to consider the influence race-related stress may have on mental health.

Training mental health clinicians to be aware of how personal characteristics and environmental contexts may affect their exposure to racism is important. It is also important to know the outcomes certain coping strategies may produce when considering mental health and psychological distress, to adequately deal with race-related stress. Helping individuals understand their thoughts towards racial identity and their perception of race-related stress may be beneficial in helping individuals strengthen their own capacity for effective coping and increase their ability to draw support in stressful situations.

Section three was a quantitative examination of the relationship between racial identity status and race-related stress in African Americans. Structural equation modeling was used to analyze the results which confirmed our hypothesis that more negative racial identity statuses may lead to mal-adaptive coping strategies. The findings emphasize the need to recognize how racial identity status influence styles of coping in African Americans.

This research found support for the specific prediction that racial identity status plays a major role in the perception of race-related stress. In addition, racial identity status plays a role in determining the type of coping mechanism used when dealing with race-related stress. Results indicated that avoidance coping and seeking social support predicted higher levels of race-related stress. Problem solving coping did not predict race-related stress. In addition, racial identity status (pre-encounter and immersion-emersion) predicted avoidance coping where racial identity status (internalization) predicted more problem solving coping behavior. The Internalization stage of racial

identity theory was found to have to distinct identities that did not correlate suggesting an alternate stage. The study showed the importance of understanding how racial identity status impacts how an individual deals with race-related stress.

Section four examined the relationship between coping styles, race-related stress, and mental health in African Americans. Structural equation modeling was used to analyze the results which confirmed our hypothesis that mal-adaptive coping strategies predicted psychological distress. The findings emphasize the need to recognize how coping styles influence mental health in African Americans.

## 5.2 Conclusions

The aim of this study was to understand how coping mechanisms affect an individual's psychological well-being when dealing with race-related stress. This research found support for the prediction that specific coping styles lead to more psychological distress. In addition, racial identity status plays a role in determining the type of coping style used when dealing with race-related stress. The results suggest that is important for clinicians to understand how coping resources affect mental health in individuals dealing with race-related stress.

Each section of the dissertation investigates the relationship between race-related stress and mental health in African Americans. First, the critical literature assessed the current literature assessing racism, race-related stress, racial identity status, and coping. Based on the review of the current research implications for clinicians were addressed. Within these implications, there was a need to further understand how racial identity

impacts race-related stress as well as the type of coping mechanisms individuals may use when dealing with race-related stress. The second manuscript (section three) quantitative investigated the relationship between racial identity status and race-related stress. The third manuscript explored the relationship between coping mechanisms and mental health in African Americans.

Several limitations should be kept in mind when interpreting these results. In terms of external validity, it is unclear if the results can be generalized due to a nonrandom sample of African Americans which may have differed in terms of demographic or others aspects from the population at large. Also, an individual difference correlational design was used, so inferences about causality cannot be made. Another limitation concerns the instrumentation. Due to low path loadings on some of the measures, some items were eliminated based on confirmatory factor analysis for this particular study. Reliability coefficients for this study are reported in the measures section. In addition, the race-related stress measures were based on retrospective responses. They were asked to recall events in the past, however, this may have been difficult to remember the stress associated with the event. The self report questionnaires used in the study were also based on subjective experiences and personal judgment. It is possible there may be considerable ambiguity when determining race related experiences. Future research is encouraged to gain a more thorough understanding of the complexity of how racial identity status affects an individual's perception of race-related stress, coping styles, and psychological well being.

This dissertation contributes findings to the body of research analyzing race-related stress and its influence on mental health. Valuable information was provided in regards to racial identity status and how different stages may influence an individual's perception of race-related stress. In addition, depending on racial identity status, certain coping mechanisms were used. This study also determined which coping mechanisms were healthy and ones that increased distress in African Americans. These findings should be further explored in future studies.

The findings of this study stress the importance for clinicians to be aware of race-related stress and how it may impact an individual's mental health. A thoughtful formulation is necessary when selecting therapeutic goals, theoretical orientations, and interventions. It is encouraged that counseling psychologists continue to develop cultural formulations assessing racial identity status and race-related stress, and explore alternative ways of coping when considering working with African Americans.

## REFERENCES

- Amirkhan, J. H. (1990). A factor analytically derived measure of coping: The Coping Strategy Indicator. *Journal of Personality and Social Psychology*, 59, 1066-1075.
- Bowen-Reid, T. L., & Harrel, J. P. (2002). Racist experiences and health outcomes: An examination of spirituality as a buffer. *Journal of Black Psychology*, 28, 18-36.
- Broman, C. (1997). Race-related factors and life satisfaction among African Americans. *Journal of Black Psychology*, 23, 36-49.
- Brondolo, E., Beatty, D., Cubbin, C., Pencille, M., Saegart, S., Wellington, R. L., et al. (2009a). Sociodemographic variations in self-reported racism in a community sample of Blacks and Latino. *Journal of Applied Social Psychology*, 39(2), 407-429.
- Brondolo, E., Brady, N., Thompson, S., Tobin, J. N., Cassells, A., Sweeney, M., et al. (2008). Perceived racism and negative affect: Analyses of trait and state measures of affect in a community sample. *Journal of Social and Clinical Psychology*, 27(2), 150-173.
- Brondolo, E., Halen, N., Pencille, M., Beatty, D., & Contrada, R. (2009b). Coping with racism: A selective review of the literature and a theoretical and methodological critique. *Journal of Behavioral Medicine*, 32, 64-88.
- Brown, T., Williams, D., Jackson, J., Neighbors, H., Torres, M., Sellers, S., & Brown, K. (2000). "Being Black and feeling blue": The mental health consequences of racial discrimination. *Race and Society*, 2, 117-131.



- Carter, R. (1994). Racism's impact on mental health. *Journal of the National Medical Association*, 86, 543-547.
- Carter, R., Forsyth, J., Mazzula, S., & Williams, B. (2005). Racial discrimination and race based traumatic stress. In R. T. Carter (Ed), *Handbook of racial-cultural counseling and psychology: Theory and research*. New York: Wiley.
- Carter, R. (2007). Racism and psychological emotional injury: Recognizing and assessing race based traumatic stress. *The Counseling Psychologist*, 35(1), 13-105.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans. *The American Psychologist*, 54(10), 805-816.
- Constantine, M. G., & Blackmon, S. K. M. (2002). Black adolescents' racial socialization experiences: Their relations to home, school, and peer self-esteem. *Journal of Black Studies*, 32, 322-335.
- Cross, W. E., Jr. (1971). The Negro-to-Black conversion experience. *Black World*, 20(9), 13-27.
- Cross, W. E., Jr. (1991). *Shades of Black: Diversity in African-American identity*. Philadelphia: Temple University Press.
- Danoff-Burg, S., Prelow, H., & Swenson, R. (2004). Hope and life satisfaction in Black college students coping with race-related stress. *Journal of Black Psychology*, 30, 208-228.
- Feagin, J. (1991). The continuing significance of race. *American Sociological Review*, 56(1), 101-116.

- Franklin-Jackson, D., & Carter, R. (2007). The relationships between race-related stress, racial identity, and mental health for Black Americans. *Journal of Black Psychology, 33*(1), 5-26.
- Hall, S., & Carter, R. (2006). The relationship between racial identity, ethnic identity and perceptions of racial discrimination in an Afro-Caribbean sample. *Journal of Black Psychology, 32*, 155-175.
- Hansen, N. D., Randazzo, K. V., Schwartz, A., Marchall, M., Kalis, D., Frazier, R., et. al. (2006). Do we practice what we preach? An exploratory survey of multicultural psychotherapy competencies. *Professional Psychology: Research and Practice, 137*(1), 66-74.
- Harrell, J. P., Hall, S., & Taliaferro, J. (2003). Physiological responses to racism and discrimination: An assessment of the evidence. *American Journal of Public Health, 93*(2), 243-248.
- Harrell, S. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry, 70*, 42-57.
- Helms, J. (1995). An update of Helms's white and people of color racial identity models. In J.G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181-191). Thousand Oaks, CA: Sage.
- Helms, J. (1990). *Black and White racial identity: Theory, research and practice*. Westport, CT: Greenwood.

- Hill, R. (1999). *The strengths of African American families: Twenty-five years later*. Lanham, MD: University Press of America.
- Hurst (2010). *Examining the relationship between racial identity status and race related stress in African Americans*. In progress.
- Hyers, L. L. (2007). Resisting prejudice every day: Exploring women's assertive responses to anti-black racism, anti-semitism, heterosexism, and sexism. *Sex Roles*, 56(1), 1-12.
- Jackson, A., & Sears, S. (2001). Implications of an Africentric worldview in reducing stress for African American women. *Journal of Counseling and Development*, 71, 184-190.
- Jones, J. (1997). *Prejudice and racism*, 2<sup>nd</sup> ed. New York: McGraw-Hill.
- Kessler, R., Andrews, G., Colpe, L., Hiripi, E., Mroczek, D., Normand, S., Walters, E., & Zaslavsky, A. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32(6), 959-976.
- Kline, R. (2005). *Principles and practice of structural equation modeling*, 2nd ed. New York: The Guilford Press.
- Klonoff, E., Landrine, H., & Ullman, J. (1999). Racial discrimination and psychiatric symptoms among Blacks. *Cultural Diversity and Ethnic Minority Psychology*, 5, 329-339.
- Krieger, N. (1990). Racial and gender discrimination: Risk factors for high blood pressure? *Social Science and Medicine*, 30(12), 1273-1281.

- Landrine, H., Klonoff, E. (1996). The schedule of racist events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology*, 22, 144-168.
- Lazarus, R., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lewis-Coles, M. E. L., & Constantine, M. G. (2006). Racism-related stress, acculturation coping, and religious problem-solving among African Americans. *Cultural Diversity & Ethnic Minority Psychology*, 12(3), 433-443.
- Mellor, D. (2004). Responses to racism: A taxonomy of coping styles used by aboriginal Australians. *The American Journal of Orthopsychiatry*, 74(1), 56-71.
- Neville, H., Heppner, P., & Wang, L-F. (1997). Relations among racial identity attitudes, perceived stressors, and coping styles in African American college students. *Journal of Counseling Development*, 75, 303-311.
- Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation and ethnic support. *American Journal of Public Health*, 93(2), 232-238.
- Noh, S., Kasper, V., & Chen, X. (1998). Measuring depression in Korean immigrants: Assessing validity of the translated Korean version of the CES-D scale. *Cross-Cultural Research: The Journal of Comparative Social Science*, 32(4), 358-377.
- Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*, 35, 888-901.
- Parham T., & Helms, J. (1985). Attitudes of racial identity and self-esteem of Black

- students: An exploratory investigation. *Journal of College Student Personnel*, 26, 143-147.
- Plummer, D., & Slane, S. (1996). Patterns of coping in racially stressful situations. *Journal of Black Psychology*, 22, 302-315.
- Pierce, C. (1995). Stress analogs of racism and sexism: Terrorism, torture, and disaster, In C. Willie, P. Rieker, B. Kramer, & B. Brown (Eds.), *Mental health, racism and sexism* (pp. 277-293.) Pittsburgh, PA: University of Pittsburgh Press.
- Sarason, I. G., Levin, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The social support questionnaire. *Journal of Personality and Social psychology*, 44(1), 127-139.
- Sellers, R.M., & Shelton, N. J. (2003). The role of racial identity in perceived racial discrimination. *Journal of Personality and Social Psychology*, 84, 1079-1092.
- Slavin, L., Rainer, K., McCreary, M., & Gowda, K. (1991). Toward a multicultural model of the stress process. *Journal of Counseling and Development*, 70, 156-163.
- Smith-Bynum, M., Burton, E. T., & Best, C. (2007). Racism experiences and psychological functioning in African American college freshmen: Is racial socialization a buffer? *Cultural Diversity and Ethnic Minority Psychology*, 13, 64-71.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holer, A. M. B., Nadal, K. L., Esquilin, M. (2007). Racial microaggressions in everyday life: Implication for clinical practice. *American Psychologist*, 62(4), 271-286.

- Swim, J. K., Hyers, L. L., Cohen, L. L., Fitzgerald, D. C., & Bylsma, W. H. (2003). African American college students' experiences with everyday racism: Characteristics of and responses to these incidents. *The Journal of Black Psychology, 29*(1), 38-67.
- Symister, P., & Friend, R. (2003). The influence of social support and problematic support on optimism and depression in chronic illness: A prospective study evaluating self-esteem as a mediator. *Health Psychology, 22*(2), 123-129.
- Taylor, J., & Grundy, C. (1996). Measuring black internalization of white stereotypes about African Americans: The Naganolitization Scale. In R. L. Jones (Ed.), *The handbook of tests and measurements for black populations* (pp. 217-226). Hampton, VA: Cobb & Henry.
- Thompson, R., & Sanders, V. (2006). Coping responses and the experience of discrimination. *Journal of Applied Social Psychology, 36*(5), 1198-1214.
- Utsey, S. (1999). Development and validation of a short form of the Index of Race Related Stress (IRRS)-Brief version. *Measurement and Evaluation in Counseling and Development, 32*, 149-167.
- Utsey, S., Chae, M., Brown, C., & Kelly, D. (2002). Effect of ethnic group membership on ethnic identity, race-related stress and quality of life. *Cultural Diversity & Ethnic Minority Psychology, 8*(4), 366-377.
- Utsey, S., Giesbrecht, N., Hook, J., & Stanard, P. (2008). Cultural, sociofamilial, and

psychological resources that inhibit psychological distress in African Americans exposed to stressful life events and race-related stress. *Journal of Counseling Psychology*, 55(1), 49-62.

Utsey, S., & Payne, Y. (2000). Differential psychological and emotional impacts of race-related stress. *Journal of African American Men*, 5, 56-72.

Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling and Development*, 78(1), 72-80.

Vandiver, B., Cross, W., Worrell, F., & Fhagen-Smith, P. (2002). Validating the cross racial identity scale. *Journal of Counseling Psychology*, 49(1), 71-85.

Watts, R. J., & Carter, R. T. (1991). Psychological aspects of racism in organizations. *Group and Organizational Studies*, 16, 328-344.

## VITA

Name: Morgan Lynnette Hurst

Address: 4225 TAMU  
College Station, TX 77843

Email: morganhurst@yahoo.com

Education: B.A., Psychology, University of Michigan, 2003  
M.A., Counseling Psychology, Northwestern University,  
2006  
Ph.D., Counseling Psychology, Texas A&M University,  
2010

Previous Work Experience: Postdoctoral Fellow, Henry Ford Health Systems, 2010-  
Present

Psychology Intern, Institute for Human Adjustment,  
University of Michigan, 2009-2010

Doctoral Graduate Assistant, Department of Counseling  
Psychology, College of Education and Human  
Development, Texas A&M University, 2006-2009